

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, November 16, 2012 at the hour of 7:30 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman O'Donnell called the meeting to order.

Present: Chairman Heather O'Donnell, JD, LLM and Directors Quin R. Golden; Edward L. Michael; and Carmen Velasquez (4)

Board Chairman David Carvalho (ex-officio), Hon. Jerry Butler and Donald Oder (Non-Director Member)

Absent: Director Jorge Ramirez (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Claudia Fegan, MD – John H. Stroger, Jr. Hospital of Cook County

Susan Greene – System Interim Director of Managed Care

Helen Haynes – System Associate General Counsel

Bala Hota, MD – System Interim Chief Information Officer

Dorothy Loving – System Executive Director of Finance

Sandra Martell, RN, MS, DNP – Cook County Department of Public Health

Terry Mason, MD – System Chief Medical Officer

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman O'Donnell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

1. Christine Zook	Nurse Representative, National Nurses United
2. Ukachi Nwan	Nurse, John H. Stroger, Jr. Hospital of Cook County
3. George Blakemore	Concerned Citizen

Following the presentation of public testimony by Ms. Zook, during which the subject of shutdown days was referenced, Chairman O'Donnell requested that Dr. Ram Raju, Chief Executive Officer, provide an update on the subject. Dr. Raju responded that the County is responsible for those negotiations with the unions. Chairman O'Donnell noted that the Human Resources Committee is expected to discuss staffing issues at its meeting later this morning, and on an ongoing basis.

Chairman O'Donnell noted that a couple of major issues have happened recently that will be discussed later on in the meeting. One of the big events that has happened since the Committee's last meeting is the approval of the Section 1115 Waiver. She recognized and thanked Dr. Raju and all of the people who have been working for the last couple of years on this matter, including Randall Mark, System Director of Intergovernmental Affairs and Policy, and Matt Powers of Health Management Associates (HMA). Additionally, she thanked County Board President Toni Preckwinkle, Julie Hamos, Director of the Illinois Department of Healthcare and Family Services, and their staffs for their assistance. She stated that this is a huge accomplishment and a tremendous opportunity for the System.

III. Action Items

A. Minutes of the Finance Committee Meeting, October 19, 2012

Director Michael, seconded by Director Golden, moved to accept the minutes of the Finance Committee Meeting of October 19, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Committee's consideration. She noted that request number 15 is being withdrawn, as it is a duplicate of an item that was already approved in September. Additionally, she stated that request numbers 13, 14 and 17 are currently pending review by the County's Office of Contract Compliance. The Committee reviewed and discussed the requests presented for their consideration.

The following individuals presented additional information on the requests: Dr. Sandra Martell, Interim Chief Operating Officer of the Cook County Department of Public Health; Susan Greene, System Interim Director of Managed Care; Dr. Claudia Fegan, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County; and Dr. Terry Mason, System Chief Medical Officer.

In response to a question from Director Michael regarding whether the services for which the System is receiving a grant under request number 2 are mandated, Dr. Martell responded that they are not. Board Chairman Carvalho noted that when the requests relating to the Illinois Department of Public Health (IDPH) come before the Board, he will be abstaining. He asked for further information on the subcontractors associated with request number 2. Ms. Martell stated that IDPH presents the Cook County Department of Public Health (CCDPH) with hospital partners and agencies that are interested in providing these services. CCDPH is funded predominantly for suburban Cook County. The northern partner is St. Alexius Medical Center in Hoffman Estates, and the Maternal Child Health Program, also located in Hoffman Estates. For the western suburban area, the partner is Rush Oak Park; for the south suburban area, it is Ingalls Memorial Hospital. Clients are also served out of the Ambulatory and Community Health Network of Cook County (ACHN) clinics; the suburban clinics refer to CCDPH directly for this service.

With regard to request number 13, Ms. Green provided an overview of the responsibilities expected as part of the contract for third party administrator services. Some of the responsibilities include the following: member service functions; provider relations functions; building interface between the System and the State; member education; data reporting; and claims processing. Board Chairman Carvalho noted that the Board will be receiving a comprehensive presentation on the Section 1115 Waiver Implementation as a Board Education Item at the November 29th Meeting; he anticipates that the presentation will generate many topics for further follow-up discussion and review by the Finance and Human Resources Committees.

Also with regard to request number 13, Director Golden asked whether there were any other vendors who responded to the request for proposals (RFP) for this contract. Ms. Greene stated that there were four (4) other vendors who responded to the RFP.

III. Action Items

B. Contracts and Procurement Items (continued)

With regard to request number 14, as it relates to blood and blood product usage, Director Michael asked whether the System has recently reviewed the subject of management of blood products; he noted that there are a lot of indications that other health systems are doing a better job at managing blood products in order to use less product. Dr. Fegan stated that this subject has been a topic of discussion among the medical staff at the System. A goal has been set for next year to decrease the use of blood product within the Department of Surgery; she noted that they are looking at several modalities in which to approach that goal. Director Michael requested that an update on the subject be provided at a future meeting of the Quality and Patient Safety Committee¹. Dr. Mason added that this subject was discussed at a recent forum of Chief Medical Officers that was hosted by the Metropolitan Chicago Healthcare Council.

Ms. Besenhofer provided an update on activities relating to the provision of janitorial services at the ACHN clinics. She stated that the Board recently approved a request to amend the contract with Sodexo for the provision of these services. As the administration was not able to come to mutually agreeable terms with Sodexo, an emergency contract with Jani-King was entered into for the provision of these services, in an amount under \$150,000.

Director Golden, seconded by Director Michael, moved the approval of request numbers 1 through 17, with the exception of request number 15, which was withdrawn, under the Contracts and Procurement Items. **THE MOTION CARRIED.**

Director Michael abstained and voted PRESENT on request number 16.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Financial Reports through October 2012 (Attachment #2)

Dorothy Loving, System Executive Director of Finance, presented the Financial Reports through October 2012. The Committee reviewed and discussed the information.

During the discussion regarding possible ways to reduce the number of days for patient bills to remain in the Accounts Receivable system, several factors that influence that number were discussed. John Cookinham, System Chief Financial Officer, stated that at the end of November, the average number of days for a bill to remain in Accounts Receivable was one hundred fifty-four (154); this year, they are hoping to level off that number to one hundred twenty (120) days. Ninety (90) days are already built in to the self-pay number of days, as the System is required to send three (3) notices to the patient to try to collect. Coding time is also included. Mr. Cookinham indicated that the true self-pay collection cycle is approximately one hundred thirty-five (135) days. For those patients who qualify for CareLink and who qualify for 100% discount, their bills write down to a zero amount at the point of billing, so some of the self-pay accounts do not receive a bill; this allows the System to reduce that category.

Board Chairman Carvalho noted that, if all of the System's patients were going through CareLink, wouldn't almost all of the self-pay patients qualify for a discount under CareLink? Mr. Cookinham responded that if the System's self-pay population qualified for 100% discount, that would radically reduce that category.

IV. Recommendations, Discussion/Information Items

A. Financial Reports through October 2012 (continued)

Mr. Cookinham provided additional information regarding the process of sending statements to patients. He stated that Medicare reimburses bad debts; to the extent that an organization does not treat everyone the same, then the organization is not allowed to claim those bad debts. So, the System would bill Medicare, and a portion of it would be the responsibility of the patient to pay. Three (3) statements would be sent for the patient to pay; if those statements were ignored, they would go to the collection agency.

Board Chairman Carvalho inquired regarding the level of income that qualifies a patient for 100% discount under CareLink. Mr. Cookinham responded that he believes it is approximately 250% of poverty; he stated that he will provide the document that outlines that information to the Committee². He noted that, currently, over 90% of the people who qualify for CareLink qualify for 100% discount.

The Committee discussed the subject of screening patients for CareLink eligibility. Mr. Cookinham stated that, currently, screening is essentially performed at the request of the patient; he added that fifty thousand (50,000) patients have been enrolled in CareLink. Board Chairman Carvalho inquired as to the percentage of the patients overall that are screened for CareLink. Mr. Cookinham responded that he will try to develop that number and provide that information to the Committee³.

The Committee discussed the subject of enrolling patients into the CareLink Program. Mr. Cookinham stated that CareLink is, in a sense, a voluntary program. Board Chairman Carvalho stated that this subject has been previously discussed, and it is understood that the System does not currently have the resources to enroll every patient seen by the System; however, the policy is to require the application for enrollment in the CareLink Program from all patients.

Chairman O'Donnell noted that with the Waiver activities, she assumes that the System is going to be aggressive in trying to get everybody who is eligible to enroll in the Waiver program enrolled; through that effort, are patients who do not qualify for the Waiver or for traditional Medicaid going to be then directed to apply through the CareLink Program for assistance? Dr. Raju responded affirmatively; he indicated that when the infrastructure is in place and the patient comes in, it is expected that they will qualify for one of the three programs: traditional Medicaid, Medicaid Waiver, or CareLink Program.

Further discussion took place on the question of how to handle those patients with non-emergency medical needs who refuse to participate in the enrollment process. Dr. Raju indicated that it is nearly impossible to reach a 100% participation rate; he stated that the culture does need to change, but the process will definitely improve, in order to increase the participation rate.

Chairman O'Donnell stated that part of the reason that the Board is in place is to change the culture of this institution and the patients who come here; if we just say it's too hard, then it won't change. She stated that the Board is expecting the administration to enforce the policies that the Board has made very clear; that involves a culture change, which takes time, but the System needs to move in that direction.

In order for enrollment efforts to be successful and to get patients to comply with the enrollment requirements, Director Butler stated that there needs to be a culture change at both ends of the spectrum, with both System personnel and with the patient. He stated that if the patient trusts the System, they will join – if they understand and trust that enrollment will prevent many headaches by avoiding receiving bills and calls from collection agencies, they will join.

IV. Recommendations, Discussion/Information Items**A. Financial Reports through October 2012 (continued)**

Director Butler inquired whether there is a way to shorten the ninety (90) day period of time that is built in to the Accounts Receivable figure to allow for the three (3) statements to be sent. Mr. Cookinham responded that it is unlikely; however, it is possible to enroll more people into the CareLink Program to offset that number. He stated that the best goal is to get as many people as possible enrolled into the Waiver and/or CareLink Program. He stated that the administration is committed to do that. They are going to revise the application process and try to streamline it. Additionally when the eligibility vendor enrolls a patient for the Waiver and then determines that person is ineligible, they would have essentially collected the same information that would be necessary to process a CareLink application, so the goal is to either get a Waiver application completed or a CareLink application completed. He added that he believes that the System will be much more effective in that than it has been in the past.

Director Velasquez inquired regarding outreach efforts and activities for enrollment, and asked whether efforts have focused upon reaching people at community organizations, such as churches. Dr. Raju responded that an RFP is in process to identify outreach organizations. Additionally, he stated that the administration is working with a group to get the messaging correct. That will be a major outreach effort; with those things happening, more and more people will understand the benefits of enrollment.

Director Michael stated that if patients have the impression that they can get the same care in the same way, whether or not they enroll in one of the programs, there will be a group of people who decide that they will not bother enrolling. He noted that the Board will have to come back to this question at some point - for those patients who are willing to take the time to work with the System to enroll in these programs, is the System going to give those patients care and not provide it for others (for non-emergency medical services) who will not go through the enrollment process? Dr. Raju agreed; however, he added that this is a process, and the patients need to be educated.

Board Chairman Carvalho stated that it is not just an issue of what has been discussed today, but as the State implements managed care coordination for 50% of the Medicaid population, there is going to be a large portion of the Medicaid population that is no longer going to have the freedom to go wherever they want; they will have to go where the managed care directs. To the extent that these people do not want to go where their managed care directs, and they choose to come here, that will be a whole other abuse of the process. If the System does not have a self-defense mechanism in place, the System will find itself in a situation in which it will not get paid for those patients who come here, who are covered by Medicaid but are required to go somewhere else for their care. The System only has a certain amount of resources, and is able to serve only so many people; he asked if the System should be serving the people who do not have choices, or should it be serving the people who have choices but who choose not to go through with those choices. Having rules and enforcing them conserves the System's resources for those who do not have choices. With regard to enforcing the rules, he stated that the Board is saying mandatory enforcement - not tomorrow, but eventually; education should precede it, but mandatory enforcement should eventually take place.

Dr. Raju stated that he is working with Ms. Greene on the process moving forward. In response to a question from Director Golden regarding whether information can be collected on the reason for non-compliance from those patients who refuse to enroll, Dr. Raju stated that they can try to collect that information.

Ms. Loving continued with the review of the financial reports. In response to a question from Mr. Oder regarding the deficit of \$53 million recorded in the month of October, Ms. Loving stated that there is an overall budget to actual revenue deficit. The System did not meet what was budgeted for revenue for 2012, but a lot of that has to do with the fact that the System has not received the amount of Medicaid revenue that was expected on the patient fee side.

IV. Recommendations, Discussion/Information Items

A. Financial Reports through October 2012 (continued)

Going forward, Director Michael stated that it would be helpful to take a little more time to look ahead a quarter or so, particularly now that the new budget has been confirmed. He requested for the next meeting and going forward, that the Committee receive information to review the projections based on the budget for the coming quarter, and include any anticipated changes or additional information on what is currently expected to be collected⁴. Chairman O'Donnell added that this information will be beneficial to also provide a sense of whether the System is doing a good job of coordinated care and keeping costs within the per-member per-month formula.

Mr. Oder inquired as to the reason for the \$17 million increase in salaries and wages at Stroger Hospital. Mr. Cookinham responded that he will return to the Committee with that information⁵. He noted that the issue may be impacted by how the System is calculating the accrual for salaries and wages. Another reason could relate to the amount of overtime that may have been needed for the preparations for the survey by The Joint Commission.

With regard to the charts on pages 30 and 31, Board Chairman Carvalho noted that the figures relate to persons rather than dollars; he asked whether information for those fields can include the budgeted figures for the years 2011, 2012 and 2013. Mr. Cookinham responded that he can provide that information⁶.

B. Update on the following projects:

i. Section 1115 Medicaid Waiver

This subject was discussed during the Committee's review of the Contracts and Procurement Items; additionally, the Board will be receiving a comprehensive presentation on the Section 1115 Waiver Implementation as a Board Education Item at the November 29th Meeting.

ii. Global Healthcare Exchange (GHX) contract management /electronic exchange system

Ms. Besenhofer provided a brief update on the implementation of the GHX system. She stated that staff continues to fill in gaps of information in the system; she noted that this project involves building an item master and vendor master from scratch. Staff continues to address challenges and changes in the process; they continue to evaluate from a roll-out perspective what makes the most sense. She stated that the first round of unit testing has been completed; hundreds of scenarios were run by Supply Chain staff with oversight of the consultants. She was pleased to report that it was a great learning experience; a 98% success rate was achieved in running the scenarios. The plan to go live with the system at the beginning of January is still on-track.

Dr. Raju stated that it has been a very big task to build this system from scratch, as the System did not have the infrastructure or data. He noted that there may be some functionality that may need to be delayed. Staff will continue to work on getting all of the functionality in place by the beginning of January, but this was a larger project than was anticipated. Director Michael stated that, as these capabilities are built and as more is learned, it may be necessary to modify the direction a bit or to look at additional functionality that may be needed. He encouraged Ms. Besenhofer to return to the Committee upon reaching the milestones to give the Committee an update and to tell the Committee if she thinks that the direction needs to be changed a bit.

IV. Recommendations, Discussion/Information Items

B. Update on the following projects: (continued)

iii. Meaningful Use

Dr. Bala Hota, System Interim Chief Information Officer, provided a brief update on Meaningful Use. He stated that the big item that was needed to be completed in order to achieve Meaningful Use for the eligible providers of the ACHN clinic physicians is E-prescribing. The system is now System-wide live for all providers for the ability to do electronic prescribing, both to the System pharmacies and to external pharmacies. Each day there are over two thousand (2,000) prescriptions that are prescribed electronically using this new method; he noted that the System's failure rate is right along the national average of just under 2%.

Training tools are available within Cerner itself, within the electronic record, that are accessible to all providers. Additionally, reports have been built that are available on an internal intranet-based website which went live yesterday; any provider can log into the website to see how they are doing on a dashboard.

In response to questions from Director Michael regarding the future requirements that will need to be implemented for Meaningful Use, Dr. Hota stated that Meaningful Use is like an escalator. Step one is stepping on the escalator, but then the requirements quickly go up and you get carried up the escalator. In the first stage, there were several items that were optional; however, those become mandatory in the second stage. He noted that, for many of the requirements, they are low in the first stage, but those double or triple in the second stage. The System's approach has been as follows: let's meet the requirements for the first stage, but then we really have to use metrics, audit and feedback to really encourage an option across the provider staff.

Dr. Hota provided additional information on the strategy for the second stage. Concurrent with the implementation and functionality, staff has been really focusing on how to build the metrics and dashboards, and how to disseminate the information in an effective way. The plan is to have staff try to align this with some other dashboard initiatives that are going on across the organization, and then particular teams will feed back the information to the providers. He added that, right now, there is no final guidance on the third stage.

C. Committee Education – Capital Equipment Funding (Attachment #3)

Mr. Cookinham provided an overview of the information regarding capital equipment funding. The Committee reviewed and discussed the information.

Director Michael inquired whether the Committee can receive information relating to the estimate of the amount that the System is paying in financing costs for leasing equipment, versus what it would be paying if the System had been able to buy the equipment. Mr. Cookinham responded that he can return to the Committee with the information for a couple of items, and estimate what the rate that the System is paying for it might be⁷. He stated that the real problem with operating leases and determining the rate paid is that the lender does not fix the residual amount for the client; assumptions can be made of perhaps 20% for the residual value and one can compute what the interest rate will be.

Mr. Cookinham stated that when the System uses this vehicle to acquire capital assets, it also then must provide money each year in its operating expense budget for lease payments; he noted that when the System purchases equipment through the County, the County is providing those funds. The County has essentially said that until the current funds that have been borrowed have been consumed, they are not going to borrow any additional money for funding capital. Leasing assets is something that the System has to do in order to acquire what is needed for this period of time.

IV. Recommendations, Discussion/Information Items

C. Committee Education – Capital Equipment Funding (continued)

Chairman O'Donnell inquired how the determination is made regarding whether to go with the capital asset through the County or through a capital lease. Mr. Cookinham responded that, on a go-forward basis, there will need to be more formal guidelines.

The Committee discussed the percentage of assets (45%) of the total requests that are designated for Provident Hospital and Oak Forest Health Center. Director Michael inquired whether this is in synch with the overall strategy for the System. Mr. Cookinham responded that, according to the 2015 Vision, both Oak Forest Health Center and Provident Hospital were intended to be outpatient centers that had the ability to provide complex diagnostic services. A lot of the assets and equipment listed will provide the ability to do images and so forth in an outpatient setting – they are not necessarily associated with the operation of an inpatient facility. Dr. Raju added that this equipment will increase the System's ability to be able to provide services to the 1115 Waiver population. Board Chairman Carvalho noted that, on page 31, the actual patient days at Provident Hospital averages out to an average daily census of 16.9 patients per day. He stated that there should not be anything included in the capital assets information for Provident Hospital that is not functional for an outpatient center.

V. Report from Chief Executive Officer

A. Update on FY2013 Budget (Attachment #4)

i. Amendment Report

Dr. Raju presented an update on the FY2013 Budget; the update included information on the amendments affecting the System that were approved by the County Board.

VI. Adjourn

Prior to adjourning, the Committee received public testimony from the third registered speaker who was not present at the time that the public testimony was received earlier in the meeting.

As the agenda was exhausted, Chairman O'Donnell declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
Heather O'Donnell, JD, LLM, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

¹ Follow-up: update to be provided at future Quality and Patient Safety Committee Meeting on blood product management. Page 4.

² Follow-up: grid containing CareLink Program discount rates, based on income levels, to be provided to the Committee. Page 5.

³ Follow-up: information on the percentage of patients overall that are screened for CareLink eligibility to be provided to the Committee. Page 5.

⁴ Follow-up: for future meetings, the Committee should receive information to review the financial projections based on the budget for the coming quarter, and include any anticipated changes or additional information on what is currently expected to be collected. Page 7.

⁵ Follow-up: information to be provided as to the reason for an increase of \$17 million in salaries and wages at Stroger Hospital. Page 7.

⁶ Follow-up: for future presentations of the financial reports, request for them to include the budgeted figures for the years 2011, 2012 and 2013. Page 7.

⁷ Follow-up: information to be provided relating to the estimate of the amount that the System is paying in financing costs for leasing equipment, versus what it would be paying if the System had been able to buy the equipment. Page 8.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
November 16, 2012

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM III(B)

NOVEMBER 16, 2012 FINANCE COMMITTEE MEETING

CONTRACTS AND PROCUREMENT ITEMS - REVISED

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Renew Grants					
1	Illinois Department of Public Health	Service - Bioterrorism Preparation and Response	Grant renewal amount: \$1,259,798.00	CCDPH	3
2	Illinois Department of Public Health	Service - Breast and Cervical Cancer Prevention Services	Grant renewal amount: \$485,250.00	CCDPH	4
3	Illinois Department of Public Health	Service - Cities Readiness Initiative	Grant renewal amount: \$191,070.00	CCDPH	5
4	Illinois Department of Public Health	Service - Lead Poisoning Case Management with Environmental Inspection Services	Grant renewal amount: \$94,312.00	CCDPH	6
5	Illinois Department of Public Health	Service - Genetics Education and Follow-up Services	Grant renewal amount: \$63,000.00	CCDPH	7
6	Illinois Department of Public Health	Service - Potable (drinking) Water Supply Grant	Grant renewal amount: \$23,875.00	CCDPH	8
Accept Grant					
7	Illinois Department of Public Health	Service - Risk-Based Funding Initiative	Grant funding amount: \$70,857.00	CCDPH	9
Reallocate Funds					
8	Select Medical	Service - rehabilitation agency staffing	Decrease \$497,780.00	SHCC	10
8	RTG Medical	Service - rehabilitation agency staffing	Increase \$310,000.00	SHCC	10
8	Allied Health Professionals	Service - rehabilitation agency staffing	Increase \$187,780.00	SHCC	10
			(Net \$0 fiscal impact)		
Increase Contract					
9	Xerox Consultant Company (ACS Healthcare Solutions)	Service - health information technology services	\$300,000.00 (grant funded)	CCDPH	11

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM III(B)

NOVEMBER 16, 2012 FINANCE COMMITTEE MEETING

CONTRACTS AND PROCUREMENT ITEMS - REVISED

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Amend and Increase Contracts					
10	STW Healthcare, LLC	Service - professional staffing	\$566,800.00	System	12
11	Corporate Cleaning Services	Service - window washing	\$81,985.00	PHCC, CORE, OFHC	13
Amend, Increase and Extend Contract					
12	The Washington Group	Service - professional services	\$84,000.00	SHCC	14
Execute Contracts					
13	Automated Health Systems, Inc.	Services - third party administrator services	To be provided \$7,800,000.00	System	Backup to follow-15
14	ITXM d/b/a Lifesource	Service - blood and blood products and services	\$9,005,130.20	PHCC, SHCC	15 16
15	GE Medical Systems	Product - monitoring systems	\$1,105,952.52	PHCC, SHCC	16 17
16	AMO Sales and Service	Product - disposable cataract surgery supplies	\$525,000.00	PHCC, SHCC	17 18
17	Honeywell International HBS	Service - maintenance and repair of the Honeywell Fire and Automation Systems	\$379,700.00	OFHC	18 19

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A	EXECUTIVE SPONSOR: <i>Smalee 11/13/2012</i> Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 09/26/2012	PRODUCT / SERVICE: Service - Bioterrorism Preparation and Response
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED/RENEWAL AMOUNT: \$1,259,798.00
CONTRACT PERIOD: 08/01/2012 thru 06/30/2013	CONTRACT NUMBER: Illinois Department of Public Health
COMPETITIVE SELECTION METHODOLOGY: N/A	
NON-COMPETITIVE SELECTION METHODOLOGY: N/A	

PRIOR CONTRACT HISTORY:

The previous grant award was \$1,153,362.00 and it was approved by the Cook County Health and Hospitals System Board on January 27, 2012. The amendment to extend the grant period by eleven (11) months to June 30, 2013 was approved by the Cook County Health and Hospitals System Board on September 28, 2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department the Cook County Department of Public Health is mandated to provide public health emergency preparedness and response activities to include hazard vulnerability risk assessment, second year deliverables, self assessment of emergency capabilities, and formulation of annual work plan for the next program year.

*The deferred liability for this agreement is \$361,622.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 37180016A in the amount of \$1,259,798.00 from 08/01/2012 thru 06/30/2013.

CCHHS COO: *CS*
Carol Schneider, System Chief Operating Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

CCHHS CFO: *JCH*
John Cookinham, System Chief Financial Officer

CCHHS CEO: *RJ*
Ram Raju, M.D., Chief Executive Officer

Request #

1

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Sandra Martell, R.N., D.N.P., Interim COO, CCDPH <i>Frances 11/12/2012</i>
DATE: 09/28/2012	PRODUCT / SERVICE: Service - Breast & Cervical Cancer Prevention Services	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL	
FISCAL IMPACT / ACCOUNT: *		GRANT FUNDED/RENEWAL AMOUNT: \$485,250.00
CONTRACT PERIOD: 07/01/2012 thru 06/30/2013		CONTRACT NUMBER: 36180007A
COMPETITIVE SELECTION METHODOLOGY: N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The previous grant agreement with the Illinois Department of Public Health was for twelve (12) months from 07/01/2011 thru 06/30/2012. The grant award was \$538,845.00 and it was approved by the Cook County Health and Hospitals System Board on 10/27/2011. This grant award was amended and funding increased by \$35,000.00 to \$573,845.00 and it was approved by the Cook County Health and Hospitals System Board on 05/31/2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department the Cook County Department of Public Health is funded to provide comprehensive breast and cervical cancer services, including screening, diagnostic testing and case management services to eligible women to detect breast and cervical cancer at its earliest stages.

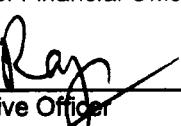
*The deferred liability for this agreement is \$187,070.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 36180007A in the amount of \$485,250.00 from 07/01/2012 thru 06/30/2013.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
2

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A	EXECUTIVE SPONSOR: Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 10/01/2012	PRODUCT / SERVICE: Service - Cities Readiness Initiative
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED/RENEWAL AMOUNT: \$191,070.00
CONTRACT PERIOD: 08/01/2012 thru 06/30/2013	CONTRACT NUMBER: 37180099A
COMPETITIVE SELECTION METHODOLOGY: N/A	
NON-COMPETITIVE SELECTION METHODOLOGY: N/A	

PRIOR CONTRACT HISTORY:

The previous grant award was in the amount of \$188,601.00 and it was approved by Cook County Health and Hospitals System Board on 01/27/2012. The Cook County Health and Hospitals System Board approved an amendment on 09/28/2012 to extend the grant period by eleven (11) months to 06/30/2013 and increase the grant contract funding by \$74,000.00 to \$262,601.00.

NEW PROPOSAL JUSTIFICATION:

As a Illinois state certified health department, the Cook County Department of Public Health is mandated to provide support activities to assist suburban Cook County communities in planning and exercises for public health incidents/emergencies.

*The deferred liability for this agreement is \$71,287.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 37180099A in the amount of \$191,070.00 from 08/01/2012 thru 06/30/2013.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., System Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
3

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A	EXECUTIVE SPONSOR: Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 09/25/2012	PRODUCT / SERVICE: Service –Lead Poisoning Case Management with Environmental Inspections Services
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED/RENEWAL AMOUNT: \$94,312.00
CONTRACT PERIOD: 07/01/2012 thru 06/30/2013	CONTRACT NUMBER: 35381071A
COMPETITIVE SELECTION METHODOLOGY: N/A	
NON-COMPETITIVE SELECTION METHODOLOGY: N/A	

PRIOR CONTRACT HISTORY:

The previous grant agreement with the Illinois Department of Public Health was for a period of twelve months from 07/01/2011 thru 06/30/2012. The fee-for-service grant award was estimated at \$73,993.00, and it was approved by the Cook County Health and Hospitals System Board on 01/27/2012.

NEW PROPOSAL JUSTIFICATION:

As a Illinois state certified health department, Cook County Department of Public Health receives funding from the Illinois Department of Public Health to provide environmental health inspections and case management to children with elevated blood lead levels to identify the source of environmental lead, mitigate the lead sources, and refer impacted children for healthcare and supportive services.

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 35381071A in the amount of \$94,312.00 from 07/01/2012 thru 06/30/2013.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., System Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: <i>Martee 1/13/2012</i> Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 09/25/2012	PRODUCT / SERVICE: Service -Genetics Education and Follow-Up Services	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL	
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED/RENEWAL AMOUNT: \$63,000.00	
CONTRACT PERIOD: 07/01/2012 thru 06/30/2013	CONTRACT NUMBER: 33780206A	
COMPETITIVE SELECTION METHODOLOGY: N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The previous grant agreement with the Illinois Department of Public Health was for twelve (12) months from 07/01/2011 thru 06/30/2012. The grant award was \$63,000.00 and it was approved by the Cook County Health and Hospitals System Board on 01/27/2012.

NEW PROPOSAL JUSTIFICATION:

As a Illinois state certified health department, Cook County Department of Public Health is mandated to provide assessment, referral, and follow-up to newborns identified with a genetic condition through the Newborn Genetic Screening Program; children and adults whose Family Health History indicates a risk for a genetic disorder; and families who have experienced a death of an infant from Sudden Infant Death Syndrome (SIDS).

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 33780206A in the amount of \$63,000.00 from 07/01/2012 thru 06/30/2013.

CCHHS COO: *Carol Schneider*
Carol Schneider, System Chief Operating Officer

CCHHS CFO: *John Cookinham*
John Cookinham, System Chief Financial Officer

CCHHS CEO: *Raju*
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
5

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: <i>Martee 1/20/12</i> Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 10/05/2012	PRODUCT / SERVICE: Service –Potable (Drinking) Water Supply Grant	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL	
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED/RENEWAL AMOUNT: \$23,875.00	
CONTRACT PERIOD: 10/01/2012 thru 09/30/2013	CONTRACT NUMBER: 35382017A	
COMPETITIVE SELECTION METHODOLOGY: N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The previous grant agreement with the Illinois Department of Public Health was for a period of 12 months from 10/21/2011 thru 9/30/2012 in the amount of \$23,875.00. It was approved by Cook County Health and Hospitals System Board on 01/27/2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department, the Cook County Department of Public Health is mandated to provide Potable (Drinking) Water Supply Protection through the inspection of private and public transient and intransient water supplies and water wells

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number 35382017A in the amount of \$23,875.00 from 10/01/2012 thru 09/30/2013..

CCHHS COO: *CS*
Carol Schneider, System Chief Operating Officer

CCHHS CFO: *J. Cookinham*
John Cookinham, System Chief Financial Officer

CCHHS CEO: *R. Raju*
Ram Raju, M.D. Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
6

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: <i>Shattee 11/12/2011</i> Sandra Martell, R.N., D.N.P., Interim COO, CCDPH
DATE: 10/03/2012	PRODUCT / SERVICE: Service - Risk Based Funding Initiative	
TYPE OF REQUEST: Execute Grant Contract	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL	
FISCAL IMPACT / ACCOUNT: *	GRANT FUNDED AMOUNT: \$70,857.00	
CONTRACT PERIOD: 08/01/2012 thru 06/30/2013	CONTRACT NUMBER: 27180123A	
COMPETITIVE SELECTION METHODOLOGY: N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

There is no contract history.

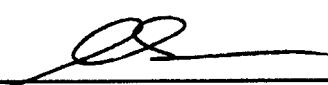
NEW PROPOSAL JUSTIFICATION:

As a state certified health department, the Cook County Department of Public Health is mandated to provide emergency preparedness and response activities for public health to including a Hazard Vulnerability Risk Assessment. This grant contract provides funding for the Cook County Department of Public Health in conjunction with the Chicago Metropolitan Statistical Area Executive Committee to formulate a Work Plan to mitigate the top three (3) hazards to public health and the healthcare system identified through the Hazard Vulnerability Risk Assessment.

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to execute Grant Contract Number 27180123A in the amount of \$70,857.00 from 08/01/2012 thru 06/30/2013.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D. Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

7

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Torsten Muehl, Director, LSH/OT/PT		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer, CCHHS
DATE: 11/05/2012	PRODUCT / SERVICE: Service – Rehabilitation Agency Staffing	
TYPE OF REQUEST: Reallocation of Funds	VENDOR / SUPPLIER: Select Medical , Skokie, IL RTG Medical, Freemont, NE Allied Health Professionals, Chicago, IL	
ACCOUNT: 897-275 Stroger Hospital	FISCAL IMPACT: \$0	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 06/30/2012 thru 06/29/2015		CONTRACT NUMBER: H12-25-059 H12-25-055 H12-25-056
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP: Multiple providers – multiple selection based on cost and service match		
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System Board awarded a contract to Select Medical Rehab Services for the provision of contract Physical, Occupational and Speech Therapy. There were five staffing vendors that were selected by the RFP Selection Committee via RFP analysis utilizing a standard tabulation and scoring tool. Select Medical was one of the five vendors selected.

NEW PROPOSAL JUSTIFICATION:

This request is to amend and increase the contracts to reallocate funds from Select Medical to RTG Medical and Allied Health Professionals. Select Medical has been unable to provide agency staff upon request. This reallocation of funds will not increase the contracts spend or change the dates of the contract period.

TERMS OF REQUEST:

This request is to amend and decrease the Select Medical contract number H12-25-059 by \$497,780.00 for an adjusted total of \$1,500.00. Using these funds increase RTG Medical contract number H12-25-055 by \$311,500.00 for an adjusted total of \$311,500.00 and increase Allied Health Professionals contract number H12-25-056 by \$83,280.00 for an adjusted total of \$632,560.00.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
8

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Raju
Ram Raju, M.D., Chief Executive Officer

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-059 (Amendment to Reduce Contract Funds)

Dear Ms. Besenhofer:

Request for Reduction of Funds

Contractor: Select Medical Rehabilitation Services
User Department: PT/ OT/ SLT Therapy
Decrease Amount: \$497,780.00
Description: Service – Staffing Support Services for Physical, Occupational and Speech Therapist
Term: 36 months

The Department of Supply Chain Management for the Cook County Health and Hospitals System has requested an evaluation to amend and reduce the original contract amount of \$1,199,280.00. This Office acknowledges the CCHHS Supply Chain Management's amendment to reduce contract funds.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Andrews".

Shannon E. Andrews
Contract Compliance Director

SEA/pgb



THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-055 (Amendment to Increase Funding)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	RTG Medical
Using Dept.:	PT/OT/SLT Therapy
Contract Amount:	\$310,000.00
Description:	Service – Staffing Support Services for Physical, Occupational and Speech Therapy
Term:	36 Months

Waiver Granted

The Contractor has requested a full MWBE Waiver and written statement referring to a lack of sufficient qualified MWBE capable or interested in providing the services required by the contract.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

PRESIDENT

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		ELIZABETH "LIZ" DOODY GORMAN	17th Dist.



COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-056 (Amendment to Increase Funding)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	Allied Health Professionals, LLC
Using Dept.:	PT/OT/SLT Therapy
Contract Amount:	\$187,780.00
Description:	Service - Staffing Support Services for Physical, Occupational and Speech Therapy
Term:	36 Months

Waiver Granted

The Contractor has requested a full M/WBE Waiver and written statement referring to a lack of sufficient qualified M/WBE capable or interested in providing the services required by the contract.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Andrews".

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Bala Hota, Interim Chief Information Officer, CCHHS Sandra Martell, R.N., D.N.P., Interim COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 09/10/2012	PRODUCT / SERVICE: Service - Health Information Technology Services	
TYPE OF REQUEST: Increase Contract	VENDOR / SUPPLIER: Xerox Consultant Company (ACS Healthcare Solutions) Dearborn, MI	
ACCOUNT 890-441 CCHHS	FISCAL IMPACT \$300,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 10/28/2011 thru 03/31/2014	CONTRACT NUMBER: H11-25-014	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Board of Directors of CCHHS approved contract number H11-25-014 with ACS Healthcare Solutions in the amount of \$19,392,043.00 on 02/24/2011 for a 36 month period. An amendment to include the Cook County Department of Public Health was approved by CCHHS Board on 10/27/2011 in the amount of \$400,000.00. A second amendment to increase the contract was approved by CCHHS Board on 03/29/2012 in the amount of \$300,000.00.

NEW PROPOSAL JUSTIFICATION:

To support the request for funding by the Cook County Department of Public Health in the project management of information technologies specific to public health, including population-based communicable and chronic disease surveillance systems, HITECH Public Health Law, Meaningful Use Requirements, and the Public Health Node as part of the Health Information Exchange, the Xerox contract needs to be increased by \$300,000.00. The management of these public health IT technologies requires compatibility and interoperability with existing electronic systems mandated by the Illinois Department of Public Health such as I-NEDSS (Illinois – National Electronic Disease Surveillance System) and Cornerstone. This request will increase the total contract spend to \$20,392,043.00.

TERMS OF REQUEST:

This is a request to increase contract H11-25-014 in the amount of \$300,000.00 for the period of 12/01/2012 thru 03/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS:

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

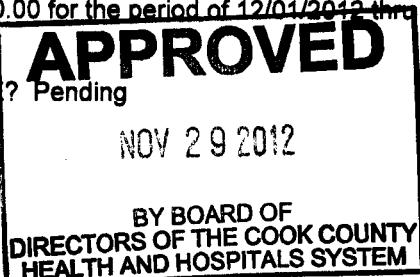
Carol Schneider, System Chief Operating Officer

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer



Request #
9

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

**THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE, PRESIDENT**

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**COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE**

**SHANNON E. ANDREWS
DIRECTOR**

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

November 15, 2012

**Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612**

**Re: Contract No.: H11-25-014 / RFP
Commodity: Service – Health Information Technology Services
Department: Public Health
Term: 12/01/12 – 03/31/14**

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Bidder: Xerox Consultant Company (ACS Healthcare Solutions), Dearborn, MI
Increase Amount: \$300,000.00 (New Contract Amount: \$20,392,043.00)

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
RL Canning, Inc., Chicago, IL	MBE (9)	37% - Direct	City of Chicago
Carminati Consulting, Inc., Chicago, IL	WBE	2% - Direct	Cook County

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Andrews".

Shannon E. Andrews
Contract Compliance Director

SEA/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Rhonda Yates, System Director, Pharmacy Services, CCHHS		EXECUTIVE SPONSOR: Carol Schneider, <u>System Chief Operating Officer</u> , CCHHS	
DATE: 11/05/2012	PRODUCT / SERVICE: Service – Professional Staffing		
TYPE OF REQUEST: Amend and Increase	VENDOR / SUPPLIER: STW Healthcare, LLC, Hazelcrest, IL		
ACCOUNT: 890-275 CCHHS	FISCAL IMPACT: \$566,800.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2012 thru 05/31/2013	CONTRACT NUMBER: H11-73-006		
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP BID <input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY N/A			

PRIOR CONTRACT HISTORY:

Contract number H11-73-006 was approved by the Cook County Health and Hospitals System Board on 10/27/2011 in an amount of \$5,772,932.00 to permit Smith, Thomas & Williams Healthcare to provide temporary staffing in various departments of the Cook County Health and Hospitals System including Radiology, Cardiology and the Laboratory. An increase of \$349,440.00 was approved by the Cook County Health and Hospitals System Board on 09/28/2012 to allow STW Healthcare to provide the additional temporary staffing required for the pharmacy for a period not to exceed 60 days.

NEW PROPOSAL JUSTIFICATION:

The Cook County Health and Hospitals System Department of Pharmacy has determined the need to continue the use of agency staffing at the Central Fill/Mail Order facility at Oak Forest for a period of six (6) months to maintain service for high mail order volumes. This will allow the Department time to fill critical permanent positions and provide optimal levels of service for mail order prescription processing.

TERMS OF REQUEST:

This is a request to amend and increase contract number H11-73-006 in the amount of \$566,800.00 for a period from 12/01/2012 thru 05/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
10

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

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TEL (312) 603-5502
FAX (312) 603-4547

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H11-73-006 (Amendment to Increase Funding)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	STW Healthcare, LLC
Using Dept.:	Pharmacy - CCHHS
Contract Amount:	\$566,800.00
Description:	Service - Temporary Staffing, Pharmacy
Term:	6 Months

<u>MWBE</u>	<u>Status</u>	<u>Percentage of Participation</u>
STW Healthcare, LLC	MBE 6(Cook County)	90% Direct
Davis Staffing, Inc.	WBE 6(Cook County)	10% Direct

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb



Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Gina Besenhofer, System Director, Supply Chain Management, CCHHS <i>JB</i>		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer, CCHHS <i>CS</i>
DATE: 10/10/2012	PRODUCT / SERVICE: Service - Window Washing	
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Corporate Cleaning Services, Chicago, IL	
ACCOUNT: 891-235 Provident Hospital 894-235 CORE Center 898-235 Oak Forest Health Center	FISCAL IMPACT: \$16,220.00 \$13,925.00 \$51,740.00 Total: \$81,985.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 04/23/2012 thru 04/22/2014	CONTRACT NUMBER: H11-72-107	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: BID <input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Contract number 08-53-393 was awarded to Corporate Cleaning Services by the Cook County Health and Hospitals System Board on 10/07/2009 in the amount of \$133,480.00 for window washing services to Stroger Hospital only for the period from 10/16/2009 thru 10/15/2011. A bid was issued and awarded to the lowest bidder in the amount of \$105,880.00. The window washing service under contract number H11-72-107 was awarded for Stroger Hospital for the period from 04/23/2012 thru 04/22/2014 in the amount of \$105,880.00.

NEW PROPOSAL JUSTIFICATION:

This request is to standardize services across the Cook County Health and Hospitals System by adding Oak Forest Health Center, Ruth M. Rothstein CORE Center and Provident Hospital to the existing contract number H11-72-107. Two bids were received for the service and this vendor was awarded the contract based on the lower bid. The increase in funds of \$81,985.00 will result in a new contract total spend of \$187,865.00.

TERMS OF REQUEST:

This is a request to amend and increase contract number H11-72-107 in the amount of \$81,985.00 with no change in the contract period of 04/23/2012 thru 04/22/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A

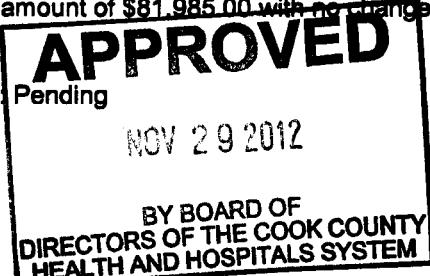
CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO:

John Cookinham, System Chief Financial Officer
John Cookinham

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer
Ram Raju



Request #

11

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 7, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H11-72-107 (Amend and Increase)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	Corporate Cleaning Services
Using Dept.:	CCHHS
Contract Amount:	\$81,985.00
Description:	Service - Window Washing
Term:	24 Months

<u>M/WBE Participation</u>	<u>Status</u>	<u>Percentage of participation</u>
We're Cleaning, Inc.	MBE(Cook County)	25% Direct
AREM Container & Supply Co.	WBE (Cook County)	10% Indirect

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Carol Schneider, System Chief Operating Officer, CCHHS		EXECUTIVE SPONSOR: N/A
DATE: 11/05/2012	PRODUCT / SERVICE: Service -Director of Safety and Security	
TYPE OF REQUEST: Amend and Extend	VENDOR / SUPPLIER: The Washington Group, Chicago, IL	
ACCOUNT: 897-260 Stroger Hospital	FISCAL IMPACT: \$84,000.00	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 01/01/2013 thru 06/30/2013		CONTRACT NUMBER: H12-25-0060
COMPETITIVE SELECTION METHODOLOGY:		
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider		

PRIOR CONTRACT HISTORY:

The Washington Group was retained for the recruitment, provision and administration of an Interim Director of Safety and Security for John H. Stroger Hospital of Cook County for a period of 6 months from 07/01/2012 thru 12/31/2012.

NEW PROPOSAL JUSTIFICATION:

While a permanent hire had not been made the need for the services of an Interim Director still exists.

TERMS OF REQUEST:

This request is to amend and extend contract number H12-25-0060 in the amount of \$84,000.00 for the period from 01/01/2013 thru 06/30/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS:

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
12

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 14, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-0060 (Amendment to Increase Funding)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be compliant to the Ordinance supporting 25% Minority and 10% WBE participation.

Contractor: The Washington Group, Ltd
User Department: Finance, CCHHS
Increase Amount: \$84,000.00
Description: Service – Interim Security Director
Term: 6 months

Full WBE Waiver Granted:

The Washington Group has requested a full WBE waiver and in support of this requested demonstrated that the contract could not be divided to provide opportunities for WBE participation.

MBE	Status	Percentage of Participation
The Washington Group, Ltd.	MBE-6 (Cook County)	100% Direct

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Andrews".

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Susan Greene, Interim Director of Managed Care	EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer <i>laj</i>
DATE: 11/13/2012	PRODUCT / SERVICE: Service - Third Party Administrator
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Automated Health Systems (AHS), Schaumburg, Illinois
ACCOUNT/FISCAL IMPACT: 896-260 Account - \$7,800,000.00	GRANT FUNDED/RERENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/1/2012 – 12/31/2013	CONTRACT NUMBER: H12-25-091
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP	
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]	

PRIOR CONTRACT HISTORY: None

NEW PROPOSAL JUSTIFICATION:

Automated Health Systems (AHS) will provide administrative and support services as Third Party Administrator to assist the Cook County Health & Hospitals System (CCHHS) in maintaining a CCHHS network to respond to an increase in the number of persons who will become eligible for Medicaid under the Waiver to Section 1115 of the Social Security Act. Services include (but are not limited to):

1. Member follow up and support services including development, transmittal of enrollment approval notice, including printing and mailing of enrollment packets and cards to members, assistance with Primary Care Physician (PCP) site selection, transmittal of member information to the selected PCP site, empanelment support, and processing and documentation of PCP site changes
2. Member Services including call center services, member education, and other member communication services
3. Provider Relations Services
4. Medical Management Services
5. Member and Provider satisfaction surveys
6. Network provider contract management
7. Claims review and payment services
8. Manage Per Member Per Month (PMPM) payments
9. Develop and maintain appropriate system interfaces

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

TERMS OF REQUEST: This is a request to execute contract number H12-25-091 in the amount of - \$7,800,000.00 for the period from December 1, 2012 through December 31, 2013. This amount does not include the funds required to pay provider claims that will be processed by AHS.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS:

CONTRACT COMPLIANCE MEMO:

CCHHS COO: *[Signature]* _____ Request #

Carol Schneider, Chief Operating Officer

13

CCHHS CFO: *[Signature]* _____

John Cookinham, Chief Financial Officer

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- Stroger Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 27, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-091

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	Automated Health Systems
Using Dept.:	Administration - CCHHS
Contract Amount:	\$7,800,000.00
Description:	Service – Section 1115 Medicaid Waiver Third Party Administrator
Term:	12 Months

Partial Waiver Granted:

Automated Health Systems has requested a Partial Waiver for a reduction in MBE participation and a Full Waiver for WBE participation due to a lack of sufficient qualified M/WBEs capable of providing the services required by the contract.

M/WBE Participation	Status	Percentage of participation
Sigma Advanced Solutions, Inc.	MBE(City of Chicago)	11% Direct

Sincerely,

A handwritten signature in black ink that reads "Shannon E. Andrews".

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: <i>Joanne Marcichow-Dulski</i> Joanne Marcichow-Dulski, Laboratory Director, CCHHS		EXECUTIVE SPONSOR: Carol Schneider, <i>System</i> Chief Operating Officer, CCHHS
DATE: 10/10/12	PRODUCT / SERVICE: Service - Blood and Blood Products and Services	
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: ITXM d/b/a Lifesource, Glenview, IL	
FISCAL IMPACT: 897-368 Stroger Hospital 891-368 Provident Hospital Total	\$8,848,114.20 \$157,025.10 \$9,005,139.20	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 thru 11/30/2014	CONTRACT NUMBER: H12-73-023	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Contract number H10-73-030Rebid allowed Lifesource to provide blood, blood products and services to Stroger Hospital, Provident Hospital and Oak Forest Blood Bank Laboratories in the amount of \$10,073,190.10 for 26 months from 09/01/2010 thru 10/31/2012. The Cook County Health and Hospitals System Board approved the contract on 08/26/2010.

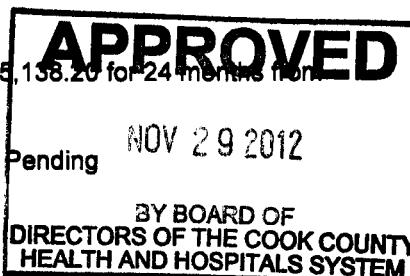
NEW PROPOSAL HISTORY:

This contract is the result of a Request for Proposal (RFP). The two proposals received were reviewed and evaluated by a multi-functional team based on a criteria matrix which included each provider's capabilities, key performance indicators, cost and historical performance as specified in the RFP. Lifesource was selected based on being the lowest qualified responder with their price structure and ability to meet all the contract specifications. The contract will allow Lifesource to provide blood, blood products, and services to Stroger Hospital and Provident Hospital Blood Bank Laboratories.

TERMS OF REQUEST:

This request is to execute contract number H12-73-023 in the amount of \$9,005,138.20 for 24 months from 12/01/2012 thru 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?



ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: *John Cookinham*

John Cookinham, System Chief Financial Officer

Request #

14

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

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COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE

SHANNON E. ANDREWS
DIRECTOR

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

November 27, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-73-023 / CCHHS Preferred Provider
Commodity: Product and Service – Testing, Blood, Blood Products and Specialized Blood Components
Department: Pathology Blood Bank and Provident Hospital
Term: 24 Months

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Preferred Provider: The Institute for Transfusion Medicine (ITxM) d/b/a Lifesource (Non-Profit Organization)
Amount: \$9,005,139.20

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
ME Bock, Grayslake, IL	WBE	0.8% - Indirect	CC
Tovar Snow Professionals, East Dundee, IL	MBE	0.4% - Indirect	MSDC
Creative Resources Unlimited, Park Ridge, IL	MBE	1.5% - Indirect	MSDC

Waiver Granted:

Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. ITxM provides a licensed product regulated by the FDA. There are no MBE/WBE owned organizations that provide these products.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other Preferred Provider(s) are being recommended for award.

Sincerely,

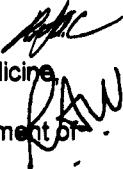
Shannon E. Andrews

Shannon E. Andrews
Contract Compliance Director

SEA/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Robert A. Cohen, M. D. Chairman, Division of Pulmonary and Critical Care Medicine, CCHHS Robert Weinstein, M.D., Chairman, Department of Medicine, Stroger Hospital, CCHHS		EXECUTIVE SPONSOR:  Carol Schneider, System Chief Operating Officer, CCHHS 	
DATE: 10/31/2012	PRODUCT / SERVICE: Product - Monitoring Systems		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: GE Medical Systems, Waukesha, WI		
ACCOUNT 717-897 540 3549 Stroger Hospital 717-891 540 3549 Provident Hospital Total	FISCAL IMPACT: \$659,368.52 \$446,584.00 \$1,105,952.52	GRANT FUNDED AMOUNT: N/A	
CONTRACT PERIOD: One time capital purchase		CONTRACT NUMBER: H12-76-052	
<input checked="" type="checkbox"/> SELECTION METHOD: GPO	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Stroger Hospital purchased the initial GE monitoring system and bedside displays more than 10 years ago. The useful life on this equipment is 7 years.

NEW PROPOSAL JUSTIFICATION:

This request supports the continued system wide standardization of bedside monitoring displays and central stations for the Critical Care areas of Stroger Hospital and the Emergency Department of Provident Hospital. The GE components are being purchased in order to properly integrate with the current system.

TERMS OF REQUEST:

This is a request to execute contract number H12-76-052 as a one-time purchase in the amount of \$1,105,952.52 for replacement of bedside monitor displays and central stations for the Critical Care area of Stroger Hospital and the Emergency Department of Provident Hospital.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS

BID TABULATIONS: N/A

WITHDRAWN

CONTRACT COMPLIANCE MEMO: Yes

CCHHS CFO:

John Cookinham, System Chief Financial Officer

Request #

15

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Tanda Russell, Interim System Chief Nursing Officer, CCHHS		EXECUTIVE SPONSOR: N/A <i>Tanda Russell 1/3/12</i>
DATE: 10/02/2012	PRODUCT / SERVICE: Product - Disposable cataract surgery supplies	
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: AMO Sales and Service, Santa Ana, CA	
ACCOUNT: 897-362 Stroger Hospital 891-362 Provident Hospital Total	FISCAL IMPACT: \$450,000.00 \$75,000.00 \$525,000.00	GRANT AWARD / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 thru 11/30/2014	CONTRACT NUMBER: H12-73-020	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: GPO		
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System approved contract number 09-41-210 with AMO Sales and Service on 06/04/2009 in the amount of \$350,000.00 for a period of 24 months from 03/23/2010 thru 03/22/2012. The contract was for the purchase of disposable cataract surgical supplies. Supply Chain Management authorized an extension thru 04/21/2012 and increase on 04/18/2012 in the amount of \$35,000.00.

NEW PROPOSAL JUSTIFICATION:

This request is for a new contract for the purchase of disposable supplies for use with the Phacoemulsification Units currently owned by the Cook County Health and Hospitals System. AMO Sales and Service is the sole source provider for disposable products for the Signature Phaco System. The disposables are required to perform all cataract surgeries within the Cook County Health and Hospitals System.

TERMS OF REQUEST:

This request is to execute contract number H12-73-020 in the amount of \$525,000.00 for the period from 12/01/2012 thru 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

Carol Schneider, System Chief Operating Officer

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
16

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE, PRESIDENT

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Peter N. Silvestri	9 th Dist.		



COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE

SHANNON E. ANDREWS
DIRECTOR

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

November 15, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-73-020 / CCHHS Preferred Provider not GPO Vendor
Commodity: Product – Disposable Cataract Surgery Supplies
Department: Surgery, Ophthalmology
Term: 24 Months / 12/01/12 – 11/30/14

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Bidder: AMO Sales and Service, Inc., Santa Ana, CA (an Abbott Laboratory entity)
Amount: \$525,000.00

<u>M/WBE</u>	Status	Participation	Certifying Agency
Inter-City Supply Co., Inc., Chicago, IL	MBE (6)	25% - Indirect	Cook County
New World Van Lines, Chicago, IL	WBE (7)	10% - Indirect	WBENC

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: James DeLisa, System Director, Plant Operations, CCHHS		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer, CCHHS
DATE: 10/24/2012	PRODUCT / SERVICE: Services - Maintenance and Repair of the Honeywell Fire and Automation Systems	
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Honeywell International HBS, Des Plaines, IL	
ACCOUNT: 898-450 Oak Forest HC	FISCAL IMPACT: \$379,700.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 thru 11/30/2014	CONTRACT NUMBER: H12-28-018	
COMPETITIVE SELECTION METHODOLOGY:		
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider		

PRIOR CONTRACT HISTORY:

Contract H11-72-015 was awarded by the Cook County Health and Hospitals System Board on 06/24/2011 in the amount of \$189,850.00 for a twenty-four (24) month period to provide maintenance and repair of the proprietary fire and control system. The contract was extended by Supply Chain Management through 09/30/2012.

NEW PROPOSAL JUSTIFICATION:

This contract will provide for continued maintenance and repair services to the proprietary Honeywell Control System that monitors the fire alarm sensors and detectors on the Oak Forest Health Center campus.

TERMS OF REQUEST:

This request is to execute contract number H12-28-018 in the amount of \$379,700.00 for a twenty-four month period from 12/01/2012 thru 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Raju
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
17

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 26, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H12-28-018

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	Honeywell International HBS
Using Dept.:	Skilled Trades – Oak Forest Health Center
Contract Amount:	\$379,700.00
Description:	Services – Maintenance and Repair of the Honeywell Fire and Automation System
Term:	24 Months

Partial Waiver Granted:

Honeywell International has requested a Partial Waiver for a reduction in M/WBE participation due to the proprietary nature and the manufacturer's requirements that the System can only be serviced by certified Honeywell personnel.

M/WBE Participation	Status	Percentage of participation
All Tech Energy, Inc.	WBE(Cook County)	5% Direct
High Rise Security Systems, LLC	MBE(City of Chicago)	17% Direct

Sincerely,

Shannon E. Andrews

Shannon E. Andrews
Contract Compliance Director

SEA/pgb
Prevailing Wage Requirement

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
November 16, 2012

ATTACHMENT #2

Cook County Health and Hospitals System

Financial Statements

Year To Date October 31, 2012

As of November 13, 2012

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended October 31, 2012 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer

Dorothy M. Loving, Executive Director of Finance

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended October 31, 2012. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the eleven months with overall revenue of \$810,966 and overall expenses was \$873,411.

Net Patient revenue for the eleven months was \$514,640.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$6,963. Other revenue consists primarily of parking revenue. The \$186 decrease in Department of Public Health's other revenue is mostly due to correction of erroneously recorded revenue in the previous period.

Patient Accounts Receivable – BEPA System Only

General

As compared to November 30, 2011, Total Patient Accounts Receivable at the end of October-2012 reduced by 31 to 123 days. The 7 day decrease in this figure, as compared to the previous month's figure, is due largely to the one-time or first-time occurrence of the following factors:

- Movement of accounts with undeliverable addresses to the collection agency;
- Correction of pharmacy charging issues; and
- Transition of patients previously covered under the LOL program to the Carelink program.

CCHHS continues to revise its processes with the eligibility vendor and performed accounts receivable maintenance and clean-up that identified additional patient accounts that should either be Carelink or collection agency accounts. This accounts for the large change in balances during October-2012. This also was the primary reason for the reduction in days of revenue outstanding.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts fell by \$45.448M (12.8%) as compared to the November-2011 balance and also fell by \$11.536 (3.6%) as compared to the prior month's balance. This

figure has declined in eight (8) out of the last nine (9) months. The overall decline in this figure indicates an increasing number of accounts are completing the collection process.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS claims on a per-diem and Medicare pays CCHHS on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Inpatient Accounts Receivable – BEPA System Only

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of October-2012 decreased by \$11.828M (55.8%) as compared the November 30, 2011 balance. This amount is less than the previous month's balance by \$0.938M (9.1%) as well. This indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections.

Billed Inpatient Accounts

Billed inpatient accounts at the end of October-2012 decreased by \$26.921M (14.0%) as compared to the November 30, 2011 balance. This amount is less than the previous month's balance by \$4.026M (2.4%).

The decrease in this number indicates more accounts had the collection process completed than in the previous month and that more accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays on a per-diem and Medicare pays on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Outpatient Accounts Receivable – BEPA System Only

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$3.979M (17.8%) by the end of October-2012, as compared to the level of unbilled accounts as of November 30, 2011. This month's balance decreased by \$2.515M (12.0%). More outpatient accounts are moving to a "Billed" status, as compared to the previous month. The reduction of internal bill-holds from 20 days to 6 days will tend to cause a decline in the unbilled accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of October-2012 fell by \$18.527M (11.5%) over the balance as of November 30, 2011. This figure is smaller than the previous month's balance by \$7.509M (5.0%).

The reduction in this figure, as compared to the prior month's balance, indicates a greater number of Out-Patient accounts had their collection and write-off related activities completed.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for October-2012	Value of Accounts for October -2012	Cumulative Number of Accounts Through October -2012	Cumulative Value of Accounts Through October -2012
In-Patient	870	\$7.436M	5,349	\$51.950M
Out-Patient	28,636	\$14.821M	374,954	\$187.577M

Operating Expenses at the end of eleven months was \$873.411M broken down as follows:

Salaries and Wages - \$459.297M

Benefits - \$132.445M

Supplies - \$89.022M. The reduction of \$0.963M in expense on the Bureau of Health is the result of transfers of pharmaceuticals to Stroger, Oak Forest and Provident.

Purchased Services, Rental, and Other - \$123.959M

Depreciation - \$30.828M

Utilities - \$10.123M

Insurance - \$27.738M

Nonoperating Revenue was \$289.363M. The largest portions of this are attributed to sales tax in the amount of \$68.049M, cigarette tax in the amount of \$87.577M and property tax in the amount of \$74.011M. In the month of October, the Cook County Comptroller's Office made an adjustment to reduce sales tax by \$39.039M and increase cigarette tax by \$41.399M thereby causing a net increase of \$2.360M in nonoperating revenue. They also recorded an additional \$5.816M of other tobacco product tax revenue. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System

Fiscal 2012	12/31/2011 BEPA	1/31/2012 BEPA	2/29/2012 BEPA	3/31/2012 BEPA	4/30/2012 BEPA	5/31/2012 BEPA	6/30/2012 BEPA	7/31/2012 BEPA	8/31/2012 BEPA	9/30/2012 BEPA
Inpatient										
In-house	\$ 12,795,759.00	\$ 13,552,149.00	\$ 13,699,833.00	\$ 12,386,360.00	\$ 11,460,620.00	\$ 12,386,158.00	\$ 12,595,473.85	\$ 13,109,329.07	\$ 12,566,406.02	\$ 8,748,067
Discharged Not Final Billed	\$ 16,039,995.00	\$ 12,807,580.00	\$ 10,298,697.00	\$ 10,149,285.00	\$ 10,894,292.00	\$ 19,230,544.00	\$ 13,539,018.91	\$ 15,130,319.98	\$ 16,550,911.13	\$ 10,298,507
Billed	\$ 215,372,795.90	\$ 226,684,054.84	\$ 246,676,173.25	\$ 236,363,473.23	\$ 216,274,437.93	\$ 206,340,778.78	\$ 198,499,225.72	\$ 195,179,478.61	\$ 201,974,134.44	\$ 170,020,665
Total Inpatient Accounts Receivable	\$ 244,208,549.90	\$ 253,043,783.84	\$ 270,674,703.25	\$ 258,899,118.23	\$ 238,629,349.93	\$ 237,957,480.78	\$ 224,633,718.48	\$ 223,419,127.66	\$ 231,091,451.59	\$ 189,067,239
Outpatient										
Unbilled	\$ 22,386,168.48	\$ 23,355,904.97	\$ 21,675,530.97	\$ 21,471,441.96	\$ 19,298,121.30	\$ 20,461,556.27	\$ 21,498,580.86	\$ 25,303,208.68	\$ 26,083,109.60	\$ 20,884,787
Billed	\$ 172,222,205.52	\$ 179,257,581.03	\$ 192,949,670.03	\$ 193,000,920.04	\$ 200,806,194.70	\$ 180,113,279.73	\$ 171,174,813.80	\$ 163,832,993.46	\$ 159,210,998.51	\$ 150,282,216
Total Outpatient Accounts Receivable	\$ 194,608,374.00	\$ 202,613,486.00	\$ 214,625,201.00	\$ 214,472,362.00	\$ 220,104,316.00	\$ 200,574,836.00	\$ 192,673,394.66	\$ 189,136,202.14	\$ 185,294,108.11	\$ 171,167,003
Combined Inpatient and Outpatient A/R										
Unbilled	\$ 51,221,922.48	\$ 49,715,633.97	\$ 45,674,060.97	\$ 44,007,086.96	\$ 41,653,033.30	\$ 52,078,258.27	\$ 47,633,073.62	\$ 53,542,857.73	\$ 55,200,426.75	\$ 39,931,361
Billed	\$ 387,595,001.42	\$ 405,941,635.87	\$ 439,625,843.28	\$ 429,364,393.27	\$ 417,080,632.63	\$ 386,454,058.51	\$ 369,674,039.52	\$ 359,012,472.07	\$ 361,185,132.95	\$ 320,302,882
Total IP and OP Accounts Receivable	\$ 438,816,923.90	\$ 455,657,269.84	\$ 485,299,904.25	\$ 473,371,480.23	\$ 458,733,665.93	\$ 438,532,316.78	\$ 417,307,113.14	\$ 412,555,329.80	\$ 416,385,559.70	\$ 360,234,243
Average Daily Revenue	\$ 2,566,742.00	\$ 2,582,261.00	\$ 2,748,845.00	\$ 2,729,286.00	\$ 2,971,025.00	\$ 2,749,921.00	\$ 2,842,621.00	\$ 2,675,907.00	\$ 2,817,820.00	\$ 2,762,142
Days of Revenue Outstanding	171	176	177	173	154	159	147	154	148	130

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
October 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS											
CURRENT ASSETS:											
Cash and cash equivalents:											
Cash in banks	1,120	1	1,121	95	115		1,331	0			1,331
Cash held by Cook Co Treas	563,885		563,885	78,612	131,923		774,420	116,490		(890,910)	
Due from working cash fund	60,299	34,607	94,906				94,906			(23,356)	71,550
Total cash & cash equivalent	625,304	34,608	659,912	78,708	132,037		870,657	116,490		(914,266)	72,881
Property taxes receivable:											
Tax levy - current year	25,712	30,306	56,018	4,789	4,586	2,596	67,989	7,396			75,384
Tax levy - prior year	6,861	7,392	14,253	1,346	1,385	647	17,631	1,935			19,566
Total property taxes rec	32,573	37,698	70,271	6,135	5,971	3,243	85,620	9,330			94,950
Receivables:											
Patient AR-net of allowances	80,659		80,659	458	13,093		94,210				94,210
Third-party settlements				23	65		87				87
Other receivables	780	6	786	7	14	1	808		1		810
Due from State - sales taxes	7,977	8,788	16,765	2,363	3,849	764	23,742	3,232	6,619		33,593
Interacct (payable)receivable	(143,156)		(143,156)	10,361	(30,399)	169,017	5,823	(2)	(5,821)		
Total receivables	(53,740)	8,794	(44,945)	13,211	(13,378)	169,782	124,670	3,230	799		128,700
Inventories		3,263		3,263	34	2,382		5,680		1,257	6,937
TOTAL CURRENT ASSETS	607,401	81,100	688,501	98,088	127,013	173,025	1,086,627	129,051	2,057	(914,266)	303,468
CAPITAL ASSETS:											
Depreciable assets - net	364,030	6,412	370,442	25,088	19,488	17,727	432,746	2,128	820		435,693
TOTAL ASSETS	971,431	87,512	1,058,943	123,176	146,501	190,752	1,519,372	131,179	2,877	(914,266)	739,161

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
October 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET ASSETS											
CURRENT LIABILITIES:											
Due to Cook County Treasurer		127,793	127,793			739,701	867,494		46,773	(914,266)	
Accounts payable	13,325	210	13,534	1,034	2,384	10,928	27,881	439	246		28,566
Accrued salaries, wages, & other liabilities	9,823	1,233	11,057	591	1,079	1,336	14,063		1,228		15,290
Compensated absences	25,580	3,019	28,599	2,143	3,717	3,544	38,002	1,175	2,575		41,752
Deferred revenues	48,546		48,546	10,848	9,472		68,866				68,866
Third-party settlements	2,005		2,005				2,005				2,005
Due to others				11			11				11
TOTAL CURRENT LIABILITIES	99,279	132,255	231,535	14,628	16,652	755,509	1,018,323	1,614	50,821	(914,266)	156,491
LONG-TERM LIABILITIES:											
Reserve-tax objection suits	4,254	2,540	6,795	1,016	1,307	247	9,364	1,081			10,446
TOTAL LIABILITIES	103,534	134,796	238,330	15,644	17,958	755,755	1,027,687	2,695	50,821	(914,266)	166,937
NET ASSETS:											
Investment in capital assets	364,030	6,412	370,442	25,088	19,488	17,727	432,746	2,128	820		435,693
Beginning balance	516,384	(173,257)	343,127	88,235	92,516	(459,880)	63,998	117,245	(13,095)		168,148
Bond depreciation	21,811	777	22,588	2,640	2,258	2,996	30,482	197	149		30,828
Excess revenue (expenses)	(34,328)	118,784	84,456	(8,432)	14,281	(125,846)	(35,540)	8,914	(35,819)		(62,445)
Ending balance	867,897	(47,283)	820,614	107,532	128,543	(565,003)	491,685	128,483	(47,945)		572,224
TOTAL LIABILITIES & NET ASSETS	971,431	87,512	1,058,943	123,176	146,501	190,752	1,519,372	131,179	2,877	(914,266)	739,161

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
October 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:										
Net patient service revenue	342,443	121,273	463,716	5,302	45,622		514,640	0		514,640
Other revenue	3,582	832	4,414	411	452		5,276	1,683	4	6,963
Total Revenue:	346,025	122,105	468,130	5,713	46,073		519,916	1,683	4	521,603
OPERATING EXPENSES:										
Salaries and wages	287,392	35,865	323,257	19,166	31,880	38,262	412,565	10,820	35,912	459,297
Employee benefits	81,147	11,208	92,355	6,383	9,287	11,653	119,679	3,264	9,502	132,445
Supplies	33,135	23,763	56,899	1,630	2,457	24,134	85,121	93	3,808	89,022
Purchased svcs, rental & other	46,979	4,649	51,628	2,376	9,892	56,281	120,177	2,225	1,557	123,959
Depreciation	21,811	777	22,588	2,640	2,258	2,996	30,482	197	149	30,828
Utilities	5,868	123	5,991	1,824	1,218	1,030	10,062	57	3	10,123
Insurance expense	16,314	1,945	18,259	1,735	2,504	2,208	24,706	825	2,207	27,738
TOTAL OPERATING EXPENSES	492,646	78,331	570,977	35,753	59,497	136,564	802,791	17,481	53,139	873,411
GAIN (LOSS) FROM OPERATIONS	(146,621)	43,774	(102,847)	(30,040)	(13,424)	(136,564)	(282,875)	(15,798)	(53,135)	(351,808)
NONOPERATING REVENUE:										
Property taxes	25,166	29,967	55,132	4,653	4,411	2,563	66,760	7,251		74,011
Cigarette taxes	35,682	21,295	56,978	8,518	10,952	2,069	78,516	9,061		87,577
Sales taxes	16,159	17,802	33,961	4,788	7,796	1,548	48,093	6,547	13,409	68,049
Other tobacco product taxes	2,370	1,414	3,784	566	727	137	5,214	602		5,816
Interest income	16	1	16	0	2	0	18	0	0	19
Retirement plan contribution	32,900	4,533	37,432	3,083	3,816	4,402	48,734	1,251	3,906	53,891
TOTAL NONOPERATING REVENUE	112,293	75,011	187,303	21,608	27,705	10,719	247,335	24,712	17,316	289,363
INCOME (LOSS) BEFORE GAIN										
ON DISPOSAL OF FIXED ASSET	(34,328)	118,784	84,456	(8,432)	14,281	(125,846)	(35,540)	8,914	(35,819)	(62,445)
Gain on disposals of fixed asset	11		11				11			11
NET INCOME (LOSS)	(34,318)	118,784	84,467	(8,432)	14,281	(125,846)	(35,529)	8,914	(35,819)	(62,434)

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	September 30, 2012	Inc (Dec)	October 31, 2012
REVENUE:			
Net patient service revenue	494,856	19,785	514,640
Other revenue	6,714	249	6,963
Total Revenue	501,569	20,034	521,603
OPERATING EXPENSES:			
Salaries and wages	393,943	65,354	459,297
Employee benefits	119,535	12,910	132,445
Supplies	79,334	9,689	89,022
Purchased svcs, rental & other	112,675	11,284	123,959
Depreciation	28,027	2,801	30,828
Utilities	8,937	1,186	10,123
Insurance expense	25,476	2,262	27,738
TOTAL OPERATING EXPENSES	767,926	105,485	873,411
GAIN (LOSS) FROM OPERATIONS	(266,357)	(85,451)	(351,808)
NONOPERATING REVENUE:			
Property taxes	67,280	6,731	74,011
Cigarette taxes	39,623	47,954	87,577
Sales taxes (see page 9 of MD&A)	101,503	(33,455)	68,049
Other tobacco product taxes		5,816	5,816
Interest income	13	6	19
Retirement plan contribution	48,992	4,899	53,891
TOTAL NONOPERATING REVENUE	257,411	31,951	289,363
INCOME (LOSS) BEFORE GAIN			
ON DISPOSAL OF FIXED ASSET	(8,945)	(53,500)	(62,445)
Gain on disposals of fixed asset		11	11
NET INCOME (LOSS)	(8,945)	(53,489)	(62,434)

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue	338,358	4,085	342,443
Other revenue	3,306	276	3,582
Total Revenue	341,664	4,361	346,025
OPERATING EXPENSES:			
Salaries and wages	246,058	41,335	287,392
Employee benefits	73,170	7,976	81,147
Supplies	27,048	6,088	33,135
Purchased svcs, rental & other	45,916	1,063	46,979
Depreciation	19,828	1,983	21,811
Utilities	5,212	656	5,868
Insurance expense	14,927	1,386	16,314
TOTAL OPERATING EXPENSES	432,159	60,487	492,646
GAIN (LOSS) FROM OPERATIONS	(90,495)	(56,126)	(146,621)
NONOPERATING REVENUE:			
Property taxes	22,880	2,286	25,166
Cigarette taxes	16,144	19,538	35,682
Sales taxes (see page 9 of MD&A)	24,104	(7,944)	16,159
Other tobacco product taxes		2,370	2,370
Interest income	12	4	16
Retirement plan contribution	29,909	2,991	32,900
TOTAL NONOPERATING REVENUE	93,048	19,245	112,293
INCOME (LOSS) BEFORE GAIN			
ON DISPOSAL OF FIXED ASSET	2,553	(36,881)	(34,328)
Gain on disposals of fixed asset		11	11
NET INCOME (LOSS)	2,553	(36,870)	(34,318)

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue	108,741	12,533	121,273
Other revenue	790	42	832
Total Revenue	109,530	12,575	122,105
OPERATING EXPENSES:			
Salaries and wages	30,710	5,155	35,865
Employee benefits	10,113	1,095	11,208
Supplies	20,868	2,896	23,763
Purchased svs, rental & other	4,020	629	4,649
Depreciation	707	71	777
Utilities	111	12	123
Insurance expense	1,791	155	1,945
TOTAL OPERATING EXPENSES	68,319	10,012	78,331
GAIN (LOSS) FROM OPERATIONS	41,212	2,562	43,774
NONOPERATING REVENUE:			
Property taxes	27,242	2,724	29,967
Cigarette taxes	9,635	11,660	21,295
Sales taxes (see page 9 of MD&A)	26,553	(8,752)	17,802
Other tobacco product taxes		1,414	1,414
Retirement plan contribution	4,121	412	4,533
TOTAL NONOPERATING REVENUE	67,551	7,460	75,011
NET INCOME (LOSS)	108,762	10,022	118,784

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue	4,620	682	5,302
Other revenue	376	34	411
Total Revenue	4,997	716	5,713
 OPERATING EXPENSES:			
Salaries and wages	16,502	2,664	19,166
Employee benefits	5,805	578	6,383
Supplies	1,137	493	1,630
Purchased svs, rental & other	2,004	372	2,376
Depreciation	2,400	240	2,640
Utilities	1,560	264	1,824
Insurance expense	1,669	65	1,735
TOTAL OPERATING EXPENSES	31,076	4,676	35,753
 GAIN (LOSS) FROM OPERATIONS	(26,080)	(3,960)	(30,040)
 NONOPERATING REVENUE:			
Property taxes	4,230	423	4,653
Cigarette taxes	3,854	4,664	8,518
Sales taxes (see page 9 of MD&A)	7,141	(2,354)	4,788
Other tobacco product taxes		566	566
Interest income	0	0	0
Retirement plan contribution	2,803	280	3,083
TOTAL NONOPERATING REVENUE	18,029	3,580	21,608
 NET INCOME (LOSS)	(8,051)	(380)	(8,432)

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue	43,137	2,485	45,622
Other revenue	369	82	452
Total Revenue	43,506	2,567	46,073
OPERATING EXPENSES:			
Salaries and wages	27,357	4,524	31,880
Employee benefits	8,394	893	9,287
Supplies	1,457	1,000	2,457
Purchased svs, rental & other	8,222	1,671	9,892
Depreciation	2,053	205	2,258
Utilities	1,094	124	1,218
Insurance expense	2,308	196	2,504
TOTAL OPERATING EXPENSES	50,884	8,613	59,497
GAIN (LOSS) FROM OPERATIONS	(7,378)	(6,045)	(13,424)
NONOPERATING REVENUE:			
Property taxes	4,010	401	4,411
Cigarette taxes	4,955	5,997	10,952
Sales taxes (see page 9 of MD&A)	11,629	(3,833)	7,796
Other tobacco product taxes		727	727
Interest income	1	1	2
Retirement plan contribution	3,469	347	3,816
TOTAL NONOPERATING REVENUE	24,065	3,640	27,705
NET INCOME (LOSS)	16,687	(2,406)	14,281

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	32,946	5,316	38,262
Employee benefits	10,527	1,126	11,653
Supplies (see page 8 of MD&A)	25,097	(963)	24,134
Purchased svcs, rental & other	49,022	7,259	56,281
Depreciation	2,723	272	2,996
Utilities	901	129	1,030
Insurance expense	2,017	192	2,208
TOTAL OPERATING EXPENSES	123,233	13,331	136,564
GAIN (LOSS) FROM OPERATIONS	(123,233)	(13,331)	(136,564)
NONOPERATING REVENUE:			
Property taxes	2,330	233	2,563
Cigarette taxes	936	1,133	2,069
Sales taxes (see page 9 of MD&A)	2,309	(761)	1,548
Other tobacco product taxes		137	137
Retirement plan contribution	4,002	400	4,402
TOTAL NONOPERATING REVENUE	9,576	1,142	10,719
NET INCOME (LOSS)	(113,657)	(12,189)	(125,846)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue	0		0
Other revenue (see page 6 of MD&A)	1,869	(186)	1,683
Total Revenue	1,869	(186)	1,683
OPERATING EXPENSES:			
Salaries and wages	9,931	890	10,820
Employee benefits	2,958	306	3,264
Supplies	89	5	93
Purchased svs, rental & other	2,144	80	2,225
Depreciation	180	16	197
Utilities	56	2	57
Insurance expense	750	75	825
TOTAL OPERATING EXPENSES	16,108	1,374	17,481
GAIN (LOSS) FROM OPERATIONS	(14,238)	(1,559)	(15,798)
NONOPERATING REVENUE:			
Property taxes	6,588	663	7,251
Cigarette taxes	4,100	4,962	9,061
Sales taxes (see page 9 of MD&A)	9,765	(3,219)	6,547
Other tobacco product taxes		602	602
Retirement plan contribution	1,137	114	1,251
TOTAL NONOPERATING REVENUE	21,590	3,122	24,712
NET INCOME (LOSS)	7,352	1,562	8,914

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2012

	<u>September 30, 2012</u>	<u>Inc (Dec)</u>	<u>October 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue	4	0	4
Total Revenue	4	0	4
 OPERATING EXPENSES:			
Salaries and wages	30,441	5,470	35,912
Employee benefits	8,567	935	9,502
Supplies	3,673	135	3,808
Depreciation	136	14	149
Insurance expense	2,014	193	2,207
TOTAL OPERATING EXPENSES	46,147	6,991	53,139
 GAIN (LOSS) FROM OPERATIONS	(46,144)	(6,991)	(53,135)
 NONOPERATING REVENUE:			
Sales taxes (see page 9 of MD&A)	20,001	(6,592)	13,409
Retirement plan contribution	3,551	355	3,906
TOTAL NONOPERATING REVENUE	23,552	(6,237)	17,315
 NET INCOME (LOSS)	(22,591)	(13,228)	(35,819)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST
Fiscal Year 2012

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

<u>Yes, N/A, No?</u>	<u>If no, state reason (immaterial, estimated, etc.)</u>
----------------------	--

FINANCIAL STATEMENT REFERENCES:

1. Do the financial statements reference footnotes (MD&A) or selected information?

Yes _____

GENERAL DISCLOSURES:

A. Estimates:

1. General disclosure about use of estimates (MD&A)?
 2. Disclosure of possible changes in estimates?

Yes _____
 Yes _____

B. Vulnerabilities do to concentrations in following areas disclosed?:

1. Customers?
 2. Suppliers?
 3. Lenders?
 4. Products?
 5. Supply of materials, labor or supplies?
 6. Location of assets in geographic area?

Yes _____
 Yes _____
 Yes _____
 Yes _____
 Yes _____
 Yes _____

C. Related parties (FASB 57):

1. Known common control and economic dependency disclosure?
 2. Known transactions with related parties disclosed?

Yes _____
 Yes _____

OTHER DISCLOSURE AREAS TO BE CONSIDERED:

1. Method of consolidations?
 2. Accounting changes including changes in GAAP and in estimates?
 3. Business combinations?
 4. Discontinues operations?
 5. Going concern?

Yes _____
 Yes _____
 Yes _____
 Yes _____
 Yes _____

COMMENTS:

Completed by _____
 Reviewed by _____

Date _____
 Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended October 31, 2012

Index	Page
1. Actual vs. Budget – Cash Receipts	3-5
2. Actual vs. Budget – Expenses per Adjusted Patient Days .	6
3. Payer Mix	7
4. Utilization Factors	8 -11

Note: Case Mix on top ten DRGs report is not available until November 15, 2012.

*****Final Cash Report *******For the Month October-2012****Cumulative Cash Summary Through October-2012**

SHCC	Actual	Budget	Variance	SHCC	Actual	Budget	Variance
Medicare	\$ 4,684,574	\$ 4,744,794	\$ (60,220)	Medicare	\$ 55,265,760	\$ 51,427,444	\$ 3,838,316
Medicaid	12,095,408	18,694,838	(6,599,430)	Medicaid	113,451,353	179,470,442	(66,019,089)
Other	1,275,270	3,048,915	(1,773,645)	Other	17,383,977	33,046,309	(15,662,332)
Physician Billing	703,378	1,688,640	(985,262)	Physician Billing	4,730,206	12,242,640	(7,512,434)
Medicaid UPL Adjustment	-	1,850,746	(1,850,746)	Medicaid UPL Adjustment	-	18,208,954	(18,208,954)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	39,632,769	10,000,000	29,632,769
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(1,310,010)	-	(1,310,010)
Collection Agency	(59,786)	-	(59,786)	Collection Agency	(83,172)	-	(83,172)
Revenue Enhancement	-	-	-	Revenue Enhancement	(432,633)	-	(432,633)
Physician Billing	(8,665)	-	(8,665)	Physician Billing	(38,224)	-	(38,224)
Physician Contract Payments	-	-	-	Physician Contract Payments	145,640	-	145,640
Physician Contract Revenues	2,990	-	2,990	Physician Contract Revenues	520,573	-	520,573
Totals	\$ 18,693,169	\$ 30,027,933	\$ (11,334,764)	Totals	\$ 229,266,239	\$ 304,395,789	\$ (75,129,550)

PHCC	Actual	Budget	Variance	PHCC	Actual	Budget	Variance
Medicare	\$ 222,214	\$ 396,442	\$ (174,228)	Medicare	\$ 2,273,594	\$ 4,296,921	\$ (2,023,327)
Medicaid	563,662	1,113,785	(550,123)	Medicaid	4,840,456	10,692,336	(5,851,880)
Other	82,338	276,996	(194,658)	Other	954,716	3,002,280	(2,047,564)
Physician Billing	65,480	342,960	(277,480)	Physician Billing	517,502	2,486,460	(1,968,958)
Medicaid UPL Adjustment	-	-	-	Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	4,396,528	-	4,396,528
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(38,184)	-	(38,184)
Collection Agency	(4,314)	-	(4,314)	Collection Agency	(108,676)	-	(108,676)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing	-	-	-	Physician Billing	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 929,380	\$ 2,130,183	\$ (1,200,803)	Totals	\$ 12,835,936	\$ 20,477,997	\$ (7,642,061)

OFHC	Actual	Budget	Variance	OFHC	Actual	Budget	Variance
Medicare	\$ 4,722	\$ 63,179	\$ (58,457)	Medicare	\$ 34,349	\$ 684,779	\$ (650,430)
Medicaid	147,142	641,073	(493,931)	Medicaid	2,773,137	6,154,298	(3,381,161)
Other	36,041	141,646	(105,605)	Other	595,071	1,535,256	(940,185)
Physician Billing	30,961	128,400	(97,439)	Physician Billing	194,087	930,900	(736,813)
Medicaid UPL Adjustment	-	-	-	Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	2,906,137	-	2,906,137
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(3,908)	-	(3,908)
Collection Agency	-	-	-	Collection Agency	(33,048)	-	(33,048)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing	-	-	-	Physician Billing	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 218,866	\$ 974,298	\$ (755,432)	Totals	\$ 6,465,825	\$ 9,305,233	\$ (2,839,408)

SYSTEM	Actual	Budget	Variance	SYSTEM	Actual	Budget	Variance
Medicare	\$ 4,911,510	\$ 5,204,415	\$ (292,905)	Medicare	\$ 57,573,703	\$ 56,409,144	\$ 1,164,559
Medicaid	12,806,212	20,449,696	(7,643,484)	Medicaid	121,064,946	196,317,076	(75,252,130)
Other	1,393,649	3,467,557	(2,073,908)	Other	18,933,764	37,583,845	(18,650,081)
Physician Billing	799,819	2,160,000	(1,360,181)	Physician Billing	5,441,795	15,660,000	(10,218,205)
Medicaid UPL Adjustment	-	1,850,746	(1,850,746)	Medicaid UPL Adjustment	-	18,208,954	(18,208,954)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	46,935,434	10,000,000	36,935,434
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(1,352,102)	-	(1,352,102)
Collection Agency	(64,100)	-	(64,100)	Collection Agency	(224,896)	-	(224,896)
Revenue Enhancement	-	-	-	Revenue Enhancement	(432,633)	-	(432,633)
Physician Billing	(8,665)	-	(8,665)	Physician Billing	(38,224)	-	(38,224)
Physician Contract Payments	-	-	-	Physician Contract Payments	145,640	-	145,640
Physician Contract Revenues	2,990	-	2,990	Physician Contract Revenues	520,573	-	520,573
Meaningful Use	1,372,654	-	1,372,654	Meaningful Use	8,248,864	-	8,248,864
DSH	12,567,309	11,666,663	900,646	DSH	138,240,398	128,333,333	9,907,065
Retro-Active DSH	4,782,059	-	4,782,059	Retro-Active DSH	19,782,059	-	19,782,059
BIPA	-	-	-	BIPA	93,750,000	93,751,000	(1,000)
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 38,563,437	\$ 44,799,077	\$ (6,235,640)	Totals	\$ 508,589,321	\$ 556,263,352	\$ (47,674,031)

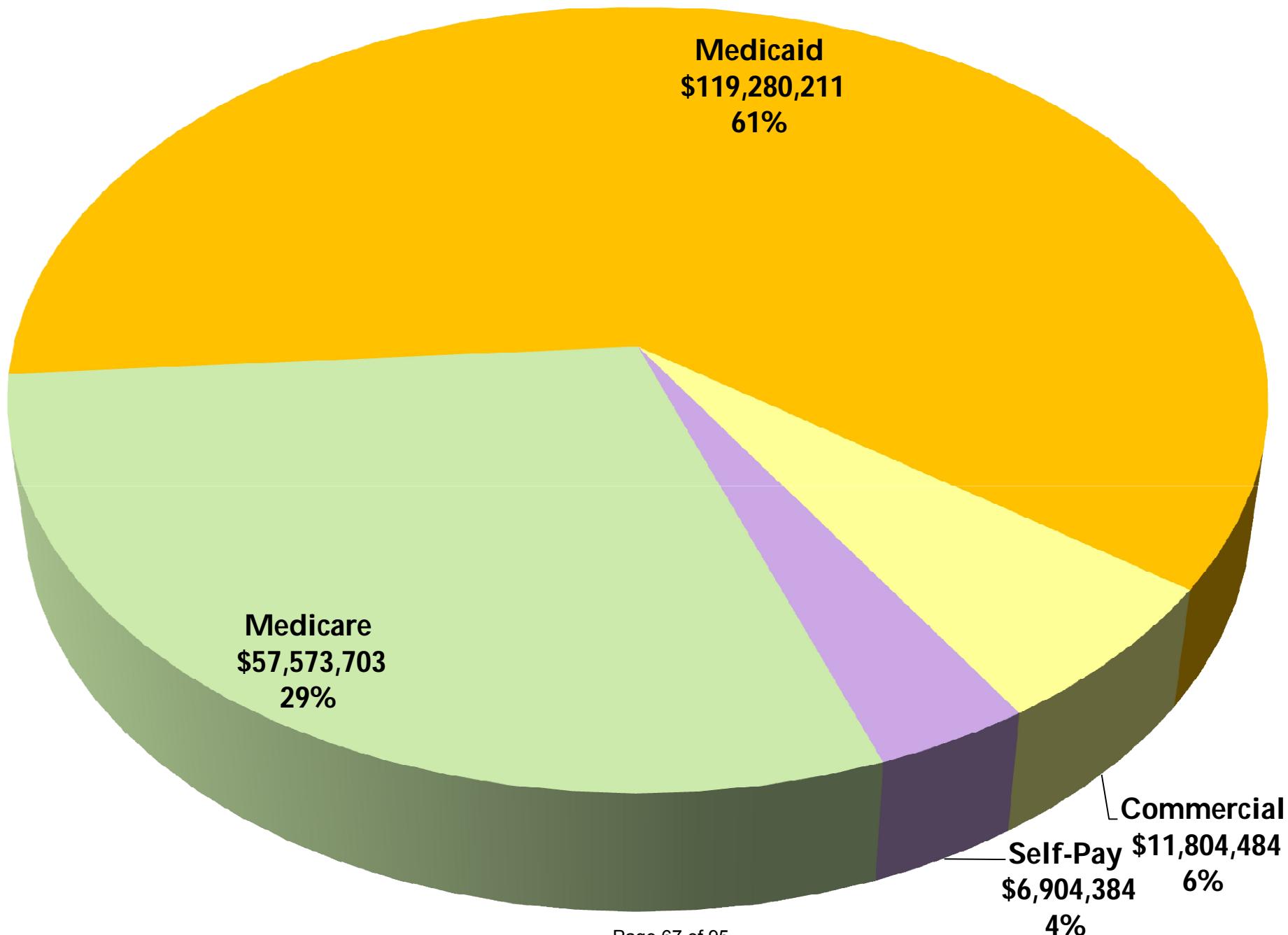
The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 09/19/2012 - 10/17/2012 .

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" total is a payment to the state for supplemental workers hired to help clear the Medicaid backlog.

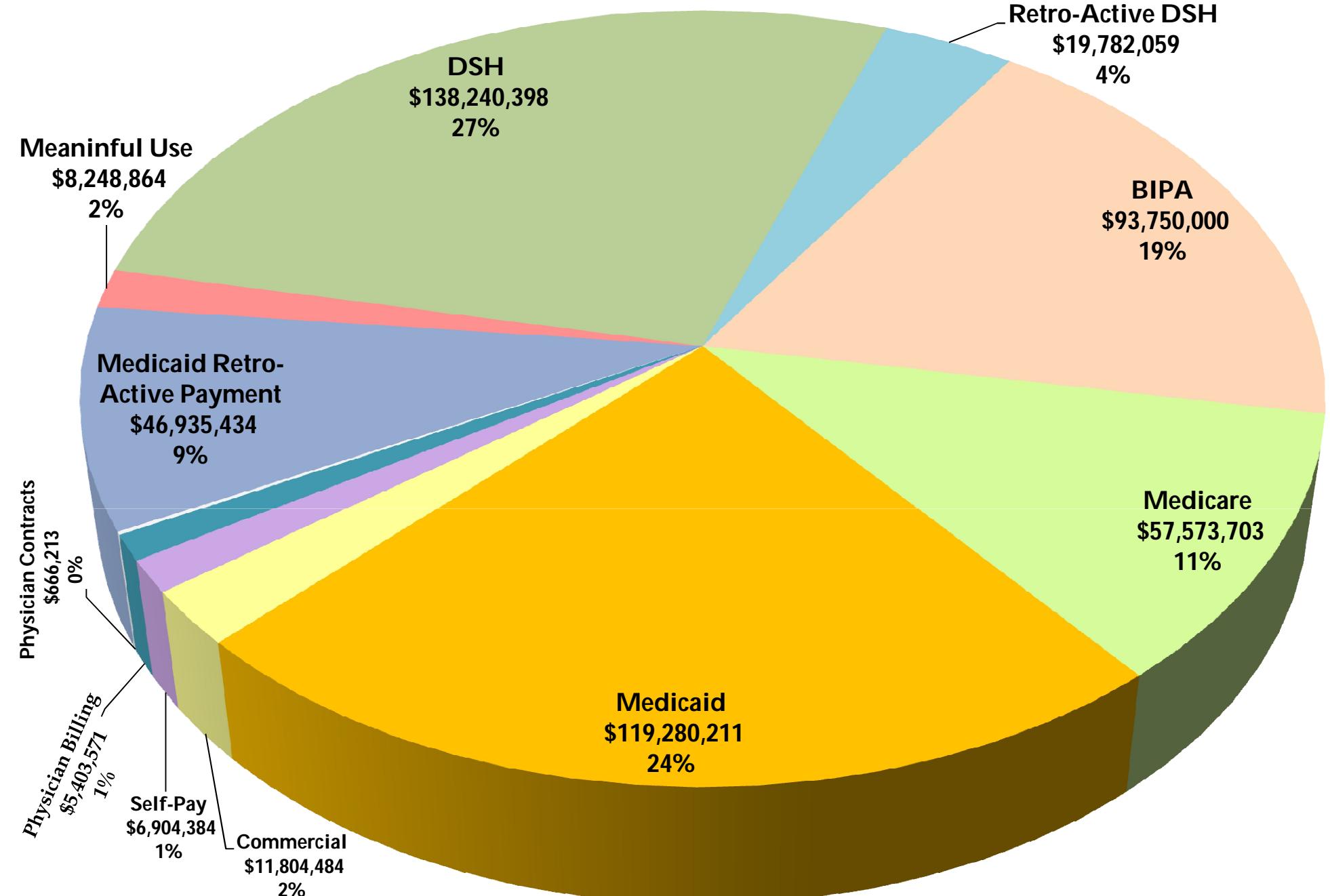
The Upper Payment Limit Revision is spread over 11 months, beginning Jan-2012, as it is not known in which month this payment will be received.

The "Medicaid Retroactive Payment" was budgeted all at SHCC. **Page 66 of 95**

CCHHS Cumulative Net Patient Fee Cash Receipts Through October-2012



CCHHS Cumulative Total Net Cash Receipts Through October-2012



**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of October 31, 2012**

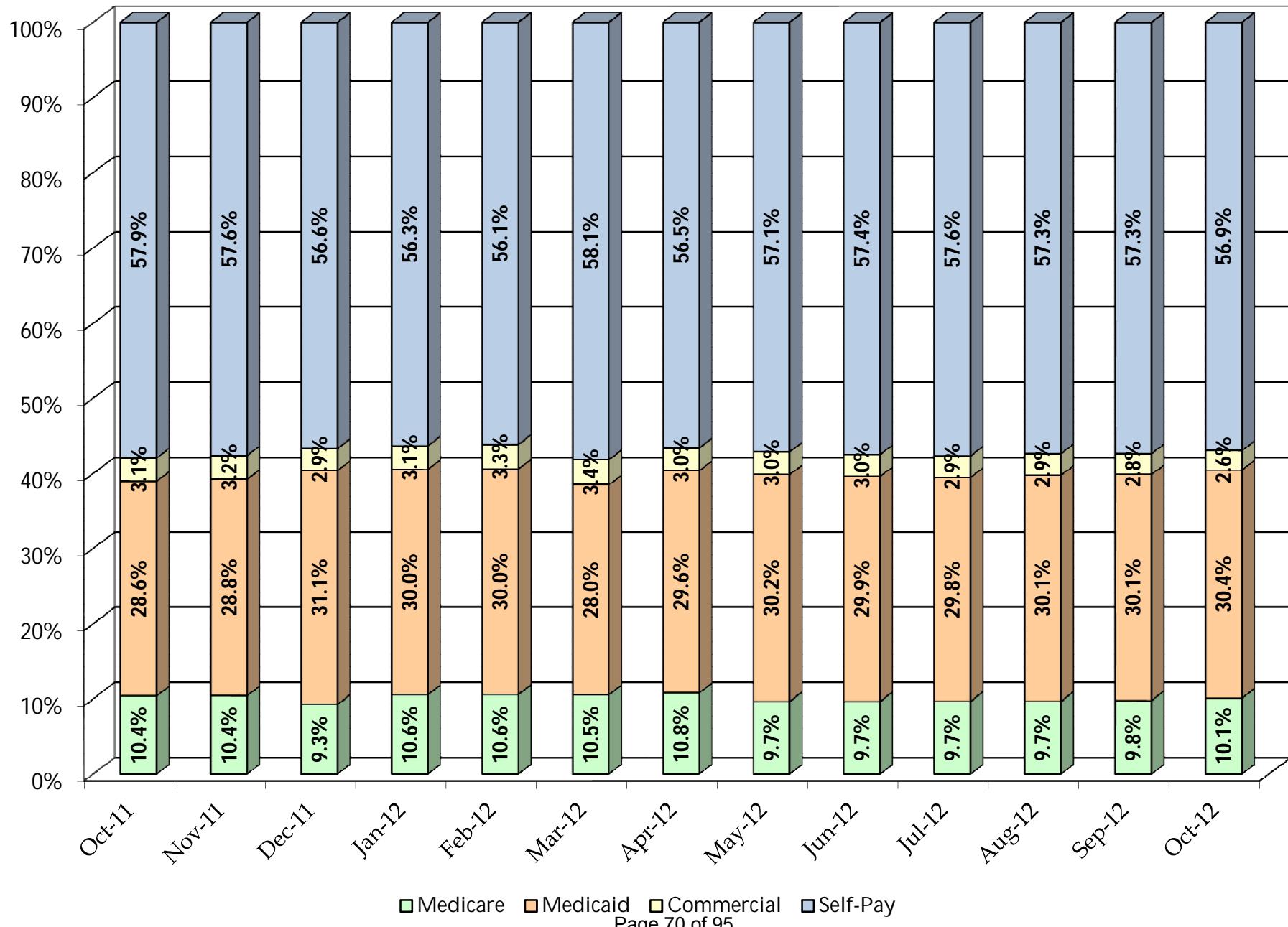
<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 3,381	\$ 3,502	3.45%
Provident	\$ 3,466	\$ 3,628	4.48%

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)

Cook County Health And Hospitals System

Prior 13 Months Ending Oct-2012

Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
October-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	253	245	8	18	26	(8)	-	-	-	271	271	-
Medicaid	606	812	(206)	20	55	(35)	-	-	-	626	867	(241)
Medicaid-Pending	8	-	8	-	-	-	-	-	-	8	-	8
Commercial	41	62	(21)	3	4	(1)	-	-	-	44	66	(22)
Self-Pay	845	890	(45)	70	86	(16)	-	-	-	915	976	(61)
Charity	288	-	288	27	-	27	-	-	-	315	-	315
Cermak	25	-	25	-	-	-	-	-	-	25	-	25
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	15	-	15	-	-	-	-	-	-	15	-	15
Public Health	1	-	1	-	-	-	-	-	-	1	-	1
Workmens' Compensation	3	-	3	-	-	-	-	-	-	3	-	3
Total Admissions	2,085	2,009	76	138	171	(33)	-	-	-	2,223	2,180	43

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,092	1,084	8	73	145	(72)	-	-	-	1,165	1,229	(64)
Medicaid	2,823	4,111	(1,288)	100	225	(125)	-	-	-	2,923	4,336	(1,413)
Medicaid-Pending	62	-	62	-	-	-	-	-	-	62	-	62
Commercial	213	350	(137)	7	24	(17)	-	-	-	220	374	(154)
Self-Pay	3,701	4,259	(558)	326	304	22	-	-	-	4,027	4,563	(536)
Charity	1,111	-	1,111	113	-	113	-	-	-	1,224	-	1,224
Cermak	84	-	84	-	-	-	-	-	-	84	-	84
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	135	-	135	-	-	-	-	-	-	135	-	135
Public Health	2	-	2	-	-	-	-	-	-	2	-	2
Workmens' Compensation	19	-	19	-	-	-	-	-	-	19	-	19
Total Patient Days	9,242	9,804	(562)	619	698	(79)	-	-	-	9,861	10,502	(641)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,477	2,118	359	320	496	(176)	-	-	-	2,797	2,614	183
Medicaid	6,608	8,033	(1,425)	490	770	(280)	-	-	-	7,098	8,803	(1,705)
Medicaid-Pending	141	-	141	-	-	-	-	-	-	141	-	141
Commercial	483	684	(201)	31	82	(51)	-	-	-	514	766	(252)
Self-Pay	8,394	8,323	71	1,430	1,041	389	-	-	-	9,824	9,364	460
Charity	2,520	-	2,520	496	-	496	-	-	-	3,016	-	3,016
Cermak	191	-	191	-	-	-	-	-	-	191	-	191
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	306	-	306	-	-	-	-	-	-	306	-	306
Public Health	5	-	5	-	-	-	-	-	-	5	-	5
Workmens' Compensation	43	-	43	-	-	-	-	-	-	43	-	43
Total Adjusted Patient Days	21,168	19,158	2,010	2,767	2,389	378	-	-	-	23,935	21,547	2,388

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center - Acute			Oak Forest Specialty Health Center - Rehabilitation		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.6	5.0	(0.4)	4.4	4.0	0.4	-	-	-	-	-	-
Medicaid	4.6	5.0	(0.4)	3.8	4.0	(0.2)	-	-	-	-	-	-
Medicaid-Pending	6.3	5.0	1.3	-	-	-	-	-	-	-	-	-
Commercial	3.7	5.0	(1.3)	2.3	4.0	(1.7)	-	-	-	-	-	-
Self-Pay	4.0	5.0	(1.0)	3.6	4.0	(0.4)	-	-	-	-	-	-
Charity	4.1	5.0	(0.9)	4.4	4.0	0.4	-	-	-	-	-	-
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Cermak	3.3	5.0	(1.7)	-	-	-	-	-	-	-	-	-
Institutional	8.0	5.0	3.0	-	-	-	-	-	-	-	-	-
Public Health	2.0	5.0	(3.0)	-	-	-	-	-	-	-	-	-
Workmens' Compensation	6.3	5.0	1.3	-	-	-	-	-	-	-	-	-
Overall Average LOS	4.3	5.0	(0.7)	3.9	4.0	(0.1)	-	-	-	-	-	-

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2011 Through October-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,321	2,655	(334)	207	397	(190)	-	-	-	2,528	3,052	(524)
Medicaid	5,130	8,605	(3,475)	203	685	(482)	-	-	-	5,333	9,290	(3,957)
Medicaid-Pending	1,603	-	1,603	53	-	53	-	-	-	1,656	-	1,656
Commercial	607	655	(48)	31	59	(28)	-	-	-	638	714	(76)
Self-Pay	10,388	10,110	278	802	1,033	(231)	-	-	-	11,190	11,143	47
Charity	1,292	-	1,292	225	-	225	-	-	-	1,517	-	1,517
Cermak	328	-	328	-	-	-	-	-	-	328	-	328
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	109	-	109	-	-	-	-	-	-	109	-	109
Public Health	5	-	5	-	-	-	-	-	-	5	-	5
Workmens' Compensation	12	-	12	-	-	-	-	-	-	12	-	12
Total Admissions	21,795	22,025	(230)	1,521	2,174	(653)	-	-	-	23,316	24,199	(883)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	11,009	11,959	(950)	801	1,571	(770)	-	-	-	11,810	13,530	(1,720)
Medicaid	27,167	43,625	(16,458)	771	2,436	(1,665)	-	-	-	27,938	46,061	(18,123)
Medicaid-Pending	8,928	-	8,928	237	-	237	-	-	-	9,165	-	9,165
Commercial	3,349	3,954	(605)	119	259	(140)	-	-	-	3,468	4,213	(745)
Self-Pay	46,686	47,823	(1,137)	2,900	3,294	(394)	-	-	-	49,586	51,117	(1,531)
Charity	4,927	-	4,927	822	-	822	-	-	-	5,749	-	5,749
Cermak	1,502	-	1,502	-	-	-	-	-	-	1,502	-	1,502
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	637	-	637	-	-	-	-	-	-	637	-	637
Public Health	10	-	10	-	-	-	-	-	-	10	-	10
Workmens' Compensation	105	-	105	-	-	-	-	-	-	105	-	105
Total Patient Days	104,320	107,361	(3,041)	5,650	7,560	(1,910)	-	-	-	109,970	114,921	(4,951)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	24,616	23,369	1,247	3,317	5,375	(2,058)	-	-	-	27,933	28,744	(811)
Medicaid	61,589	85,245	(23,656)	3,306	8,338	(5,032)	-	-	-	64,895	93,583	(28,688)
Medicaid-Pending	19,892	-	19,892	973	-	973	-	-	-	20,865	-	20,865
Commercial	7,475	7,727	(252)	486	886	(400)	-	-	-	7,961	8,613	(652)
Self-Pay	104,399	93,454	10,945	12,063	11,277	786	-	-	-	116,462	104,731	11,731
Charity	11,105	-	11,105	3,436	-	3,436	-	-	-	14,541	-	14,541
Cermak	3,364	-	3,364	-	-	-	-	-	-	3,364	-	3,364
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	1,439	-	1,439	-	-	-	-	-	-	1,439	-	1,439
Public Health	24	-	24	-	-	-	-	-	-	24	-	24
Workmens' Compensation	230	-	230	-	-	-	-	-	-	230	-	230
Total Adjusted Patient Days	234,133	209,795	24,338	23,581	25,876	(2,295)	-	-	-	257,714	235,671	22,043

CCHHS Utilization Factors

Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For October-2012

Stroger Hospital					Provident Hospital				
Payer Type	ER Patients				Payer Type	ER Patients			
	Treated And Released	Admissions From ER	ER Elopess	Total Visits		Treated And Released	Admissions From ER	ER Elopess	Total Visits
Medicare	495	210	73	778	Medicare	195	17	16	228
Medicaid	1,823	408	251	2,482	Medicaid	457	20	73	550
Medicaid-Pending	2	5	2	9	Medicaid-Pending	-	-	-	-
Commercial	217	29	17	263	Commercial	72	3	10	85
Self-Pay	5,613	636	732	6,981	Self-Pay	1,478	63	248	1,789
Charity	1,116	182	118	1,416	Charity	397	19	46	462
Cermak	65	23	1	89	Cermak	-	-	-	-
Grants & Research	-	-	1	1	Grants & Research	-	-	-	-
Public Health	19	1	3	23	Public Health	2	-	-	2
Institutional	103	15	3	121	Institutional	-	-	-	-
Workmens' Compensation	1	2	-	3	Workmens' Compensation	2	-	-	2
Totals	9,454	1,511	1,201	12,166	Totals	2,603	122	393	3,118
		Budget	9,885				Budget	3,115	
		Variance	2,281				Variance	3	

Oak Forest Specialty Health Center

ER and Immediate Care Total

Payer Type	ER Patients				Payer Type	ER Patients				Total Visits ER and Immediate Care
	Treated And Released	Admissions From ER	ER Elopess	Immediate Care Visits		Treated And Released	Admissions From ER	ER Elopess	Immediate Care Visits	
Medicare	-	-	-	68	Medicare	690	227	89	68	1,074
Medicaid	-	-	-	73	Medicaid	2,280	428	324	73	3,105
Medicaid-Pending	-	-	-	-	Medicaid-Pending	2	5	2	-	9
Commercial	-	-	-	28	Commercial	289	32	27	28	376
Self-Pay	-	-	-	923	Self-Pay	7,091	699	980	923	9,693
Charity	-	-	-	433	Charity	1,513	201	164	433	2,311
Cermak	-	-	-	-	Cermak	65	23	1	-	89
Grants & Research	-	-	-	-	Grants & Research	-	-	1	-	1
Public Health	-	-	-	-	Public Health	21	1	3	-	25
Institutional	-	-	-	-	Institutional	103	15	3	-	121
Workmens' Compensation	-	-	-	3	Workmens' Compensation	3	2	-	3	8
Totals	-	-	-	1,528	Totals	12,057	1,633	1,594	1,528	16,812
		Budget	2,711			ER and Immediate Care Budget				15,711
		Variance	(1,183)			Variance				1,101

Percent Of Admissions From Emergency Room For Month Of October-2012

	SHCC	PHCC	CCHHS
ER Admissions	1,511	122	1,633
Total Admissons	2,085	138	2,223
% of ER Admissions	72%	88%	73%

Emergency Room Elope Percentage For Month Of October-2012

	SHCC	PHCC	CCHHS
ER Elopess	1,201	393	1,594
Total Visits	12,166	3,118	15,284
% of ER Elopess	10%	13%	10%

Notes:

- ER Elopess are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- Oak Forest Specialty Health Center is considered to be a clinic and not an emergency room; as such, it does not have emergency room elopes.

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through October-2012

Stroger Hospital					Provident Hospital				
Payer Type	ER Patients				Payer Type	ER Patients			
	Treated And Released	Admissions From ER	ER Elopess	Total Visits		Treated And Released	Admissions From ER	ER Elopess	Total Visits
Medicare	5,065	1,846	682	7,593	Medicare	1,743	196	164	2,103
Medicaid	18,568	3,170	2,067	23,805	Medicaid	4,634	190	616	5,440
Medicaid-Pending	1,036	1,124	75	2,235	Medicaid-Pending	149	52	10	211
Commercial	2,599	376	195	3,170	Commercial	826	28	95	949
Self-Pay	61,507	7,573	8,199	77,279	Self-Pay	17,676	743	2,050	20,469
Charity	10,567	806	1,196	12,569	Charity	3,594	173	328	4,095
Cermak	642	285	11	938	Cermak	10	-	-	10
Grants & Research	1	-	2	3	Grants & Research	-	-	-	-
Public Health	242	5	23	270	Public Health	21	-	3	24
Institutional	888	105	29	1,022	Institutional	22	-	3	25
Workmens' Compensation	48	8	5	61	Workmens' Compensation	14	-	-	14
Totals	101,163	15,298	12,484	128,945	Totals	28,689	1,382	3,269	33,340
		Budget	107,835				Budget	33,759	
		Variance	21,110				Variance	(419)	

Oak Forest Specialty Health Center

Oak Forest Specialty Health Center					ER and Immediate Care Total				
Payer Type	ER Patients				Payer Type	ER Patients			
	Treated And Released	Admissions From ER	ER Elopess	Immediate Care Visits		Treated And Released	Admissions From ER	ER Elopess	Immediate Care Visits
Medicare	-	-	-	664	Medicare	6,808	2,042	846	664
Medicaid	-	-	-	923	Medicaid	23,202	3,360	2,683	923
Medicaid-Pending	-	-	-	16	Medicaid-Pending	1,185	1,176	85	16
Commercial	-	-	-	262	Commercial	3,425	404	290	262
Self-Pay	-	-	-	11,141	Self-Pay	79,183	8,316	10,249	11,141
Charity	-	-	-	4,214	Charity	14,161	979	1,524	4,214
Cermak	-	-	-	-	Cermak	652	285	11	-
Grants & Research	-	-	-	-	Grants & Research	1	-	2	3
Public Health	-	-	-	1	Public Health	263	5	26	1
Institutional	-	-	-	10	Institutional	910	105	32	10
Workmens' Compensation	-	-	-	6	Workmens' Compensation	62	8	5	6
Totals	-	-	-	17,237	Totals	129,852	16,680	15,753	17,237
		Budget	29,379				ER and Immediate Care Budget		170,973
		Variance	(12,142)				Variance		8,549

Cumulative Percent Of Admissions From Emergency Room Through October-2012

	SHCC	PHCC	#REF!	CCHHS
ER Admissions	15,298	1,382	-	16,680
Total Admissons	21,795	1,521	-	23,316
% of ER Admissions	70%	91%	0%	72%

Cumulative Emergency Room Elope Percentage Through October-2012

	SHCC	PHCC	CCHHS
ER Elopess	12,484	3,269	15,753
Total Visits	128,945	33,340	162,285
% of ER Elopess	10%	10%	10%

Notes:

- ER Elopess are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- Oak Forest Specialty Health Center is considered to be a clinic and not an emergency room; as such, it does not have emergency room elopes.

CCHHS Utilization Factors
ACHN Clinic Visits

ACHN Clinic Visits - October-2012			Cumulative ACHN Clinic Visits Through October-2012				
	Actual	Budget	Variance		Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	36,158	36,964	(806)	FANTUS / STROGER SCC CAMPUS	361,763	380,809	(19,046)
WEST CLUSTER	6,889	7,195	(306)	WEST CLUSTER	67,210	74,124	(6,914)
SOUTH CLUSTER	6,599	6,445	154	SOUTH CLUSTER	64,676	66,396	(1,720)
SOUTH SUBURBAN CLUSTER	6,039	5,797	242	SOUTH SUBURBAN CLUSTER	61,840	59,721	2,119
Total ACHN Visits	55,685	56,401	(716)	Total ACHN Visits	555,489	581,050	(25,561)

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
November 16, 2012

ATTACHMENT #3

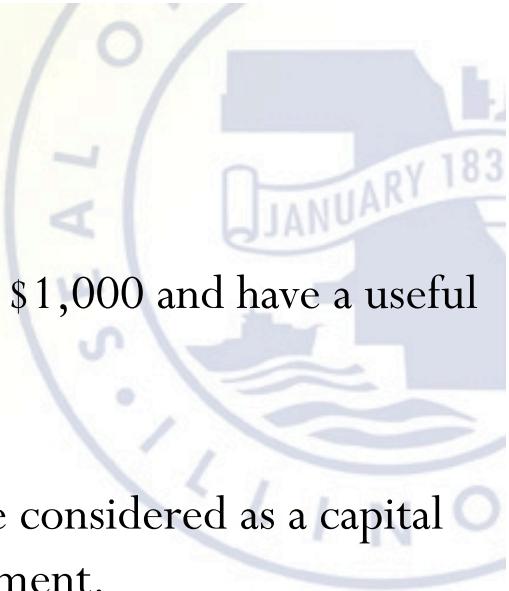


Finance Committee Meeting

November 16, 2012

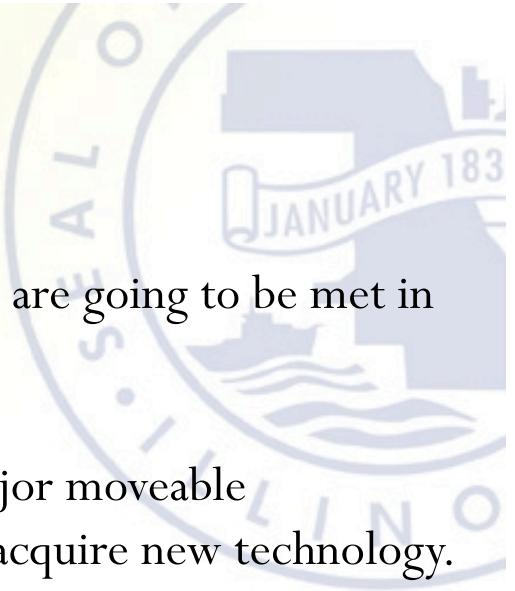
Report of the Chief Financial Officer
October 2012

CCHHS



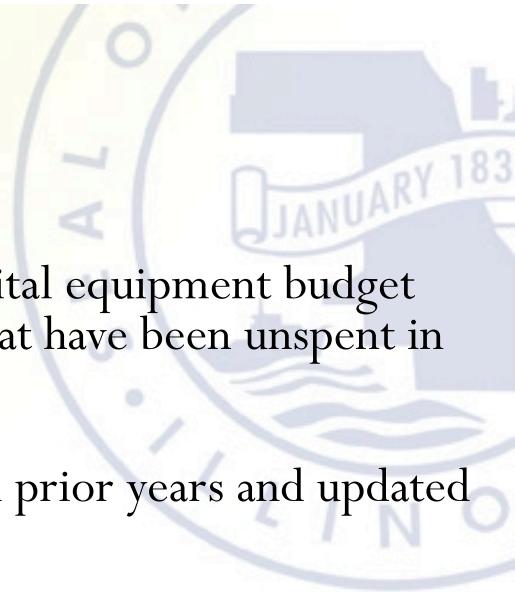
Capital Budget Update

- CCHHS defines Capital Equipment as items that cost more than \$1,000 and have a useful life greater than two years.
- Bulk purchases of items that are individually less than \$1,000 are considered as a capital purchase too. These items must still meet the useful life requirement.
- The useful lives of capital assets are determined through the use of the AHA guide for the useful lives of healthcare capital assets.
- Depreciation after 2008 has been calculated on a straight-line basis.



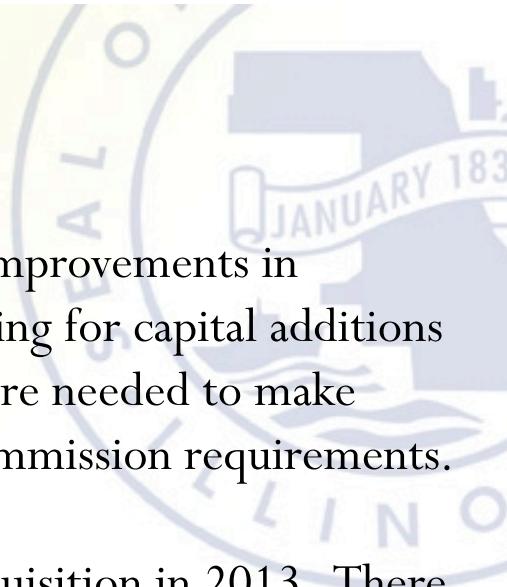
Capital Budget Update

- CCHHS has capital needs and there are several ways those needs are going to be met in 2013.
- Cook County provides capital funds for CCHHS to purchase major moveable equipment, complete improvements to plant and property, and acquire new technology.
- CCHHS has for several years used a credit facility with The Bank of America that allows CCHHS to lease major moveable equipment. The 2013 budget plans on leasing capital equipment. The leases are to be Fair Market Value leases. The lease factor is based on the residual value and the term of the lease.
- The term of the leases is to be five years for most of the equipment except televisions which is 3 years. The operating expense budget provided for lease payments for the planned acquisitions. The lease payments for the items already acquired for which there will be twelve months of lease payments is estimated to be \$3,374,530. The lease payment amount for equipment to be acquired in fiscal 2012-2013 is estimated to be an additional \$2,239,200.



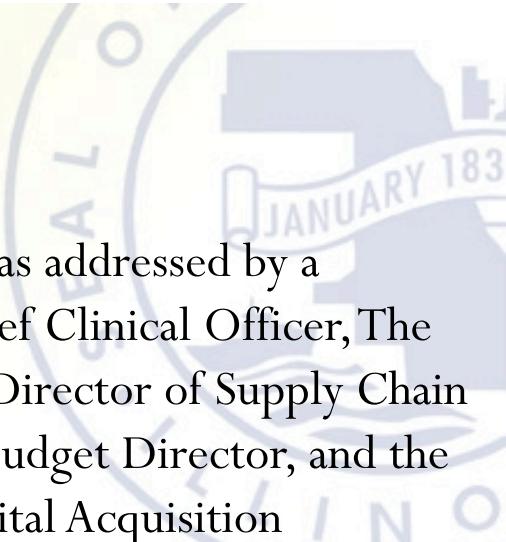
Capital Budget Update

- CCHHS and the County Budget staff have been refining the capital equipment budget request. They have been capital budget funds from prior years that have been unspent in earlier periods.
- CCHHS Administration met and consolidated the requests from prior years and updated the requests for changes in System plans.
- The final consolidated capital budget requests of about 24 million dollars were submitted to the County Budget Department. These requests will be incorporated in Cook County plans for the use of available capital funding for major moveable equipment.
- A portion of the 24 million dollars was submitted to the Bureau of Technology. These items included additional server hardware and software. This has been proposed to increase the response time of the Cerner system. There were also requests for two software systems to improve physician documentation and to increase coder productivity under ICD-10. No final determination has been made by the County on these requests.
- A second list of capital items that were deferred for 2013 was submitted to the County Budget Department. The items on this list would be funded if the County were able to increase the capital funding for CCHHS in 2013.



Capital Budget Update

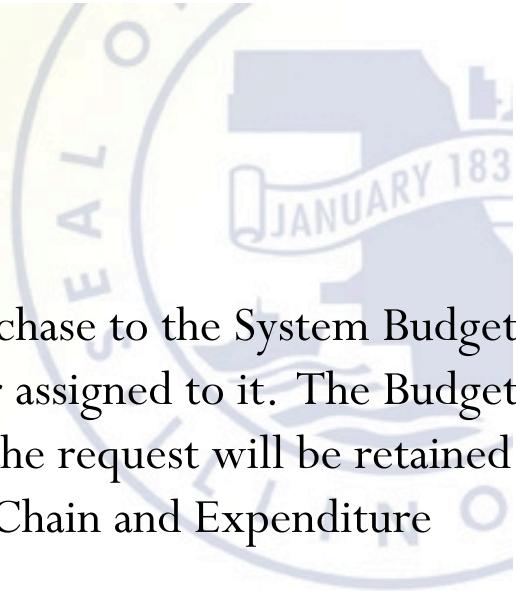
- In addition to the requests for major moveable equipment and improvements in technology there have been requests submitted to Capital Planning for capital additions and improvements to plant and property. Some of these items are needed to make improvements to the environment of care to meet The Joint Commission requirements.
- The County is not planning on issuing new bonds for capital acquisition in 2013. There has been a re-allocation of existing capital funds that will allow for the 2013 purchases.
- Operating leases provide another method for the Health System to meet some of its outstanding capital needs that is independent of the County plans. Operating leases require that the operating expense budget cover the cost of the current period lease payments.
- The use of operating leases must also include a strategy about what to do at the end of the lease term. Items at the end of the lease term must either be purchased at fair market value, returned to the bank, or leased under a new agreement.



Capital Budget Update

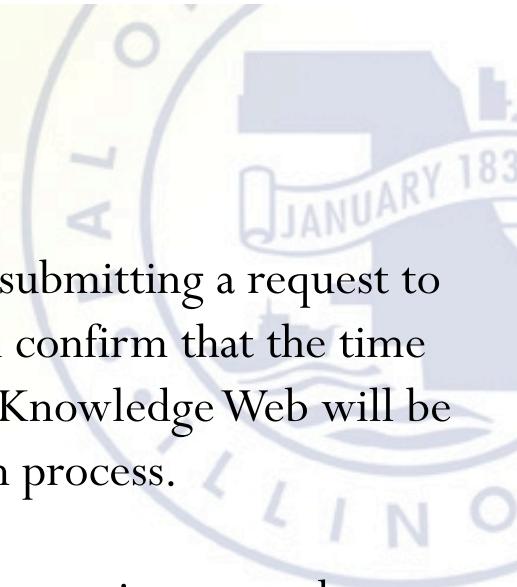
- The consolidation of the prior year capital requests for capital was addressed by a committee made up of the Chief Operating Officer, Interim Chief Clinical Officer, The Chief Medical Officer, Stroger Hospital Chief Medical Officer, Director of Supply Chain Management, Stroger Hospital Chief Financial Officer, System Budget Director, and the System Chief Financial Officer. This group will become the Capital Acquisition Committee. There will be additional members added to represent each of the existing business units in CCHHS.
- The lists of proposed capital items when final are to be posted on Knowledge Web. There will be the list of major moveable equipment Items, The list of deferred major moveable equipment, and the list of equipment to be leased.
- All changes to the final lists of approved items need to be authorized by the Capital Acquisition Committee and signed by the Chief Operating Officer and the System Chief Financial Officer.

• The System Budget Director will be responsible for maintaining the capital lists in Knowledge Web and in the County Budget System.



Capital Budget Update

- Departments can purchase items by submitting a request to purchase to the System Budget Director. If the item is on an approved list it will have a number assigned to it. The Budget Director will confirm that there is available funding. A copy of the request will be retained by the Budget Director and copies will be forwarded to Supply Chain and Expenditure Control.
- Expenditure Control will enter the item in JD Edwards.
- The Budget Department will indicate in Knowledge Web which items are in the process to be purchased. The Budget Department will submit the request to the County Budget Department to insure the item is removed from budget hold.
- Supply Chain will purchase the item through the normal process.



Capital Budget Update

- If items are to be leased departments can begin the process by submitting a request to lease to the System Budget Director. The Budget Director will confirm that the item is on the approved list of capital items to be leased. The list in Knowledge Web will be updated to indicate that the requests are in the lease acquisition process.
- Supply Chain will work with The Bank of America to acquire the equipment to be leased. The Bank of America will issue the purchase orders for the leased equipment. Bank of America retains title to the property being leased. The cost of this equipment is recorded in the financial statements through the payment of monthly lease payments. No Depreciation is recorded in the monthly financial statements for operating leases.
- Supply Chain will work with Clinical Engineering to install the equipment and obtain from the department a final acceptance of the equipment. After the equipment has been accepted a package of lease documents will be provided to the Board Chairman for final approval and forwarded to The Bank of America.

Capital Budget Update

Dept No.	Department Name	Item	Amount
240	Cermak Health Services	Ultrasound Machine	\$ 150,000.00
240	Cermak Health Services	Dental X-Ray Unit	\$ 184,000.00
240	Cermak Health Services	Radiographic Fluoroscopy Equipment	\$ 420,000.00
240	Cermak Health Services	X-Ray Unit	\$ 300,000.00
	Cermak Health Services Total		\$ 1,054,000.00
891	Provident Hospital	Cameras/video Equipment	\$ 150,000.00
891	Provident Hospital	Electrosurgical Units for the System	\$ 350,000.00
891	Provident Hospital	Mammography Unit	\$ 75,000.00
891	Provident Hospital	Ophthalmology Program Support	\$ 100,000.00
891	Provident Hospital	Ophthalmology Program Support	\$ 25,000.00
891	Provident Hospital	Ophthalmology Program Support	\$ 95,000.00
891	Provident Hospital	Endoscopy Suite	\$ 227,400.00
891	Provident Hospital	C-ARM	\$ 150,000.00
891	Provident Hospital	X-Ray Unit, Mammography, Digital	\$ 892,000.00
891	Provident Hospital	X-Ray Unit, Mobile, Digital	\$ 215,800.00
891	Provident Hospital	Camera, Gamma, SPECT	\$ 469,190.00
891	Provident Hospital	X-Ray Unit, General Radiography, w/Tomo	\$ 1,075,800.00
891	Provident Hospital	X-Ray Unit, Rad/Fluoro, Digital	\$ 774,000.00
891	Provident Hospital	Digitizer , X-ray Film, Mammography	\$ 44,250.00
891	Provident Hospital	Ultrasound, Imaging, Cardiac / Echo	\$ 178,315.00
891	Provident Hospital	System Picture Archive Communication (PACS)	\$ 977,711.34
891	Provident Hospital	CT Scanner, Multi-Slice, 2-40 Slice	\$ 713,288.00
	Provident Hospital Total		\$ 6,512,754.34
893	Ambulatory and Community Health Network	Ultrasound Machine	\$ 59,350.00
893	Ambulatory and Community Health Network	OPMI Limera 700	\$ 115,000.00
893	Ambulatory and Community Health Network	OCT Stratus	\$ 65,000.00
893	Ambulatory and Community Health Network	System Picture Archive Communication (PACS)	\$ 333,363.98
893	Ambulatory and Community Health Network	Norus Varia System	\$ 92,786.00
	Ambulatory and Community Health Network Total		\$ 665,499.98

Capital Budget Update

897	John H. Stroger, Jr. Hospital	CU, Hysteroscopy, Fluid Monitor System	\$ 11,350.00
897	John H. Stroger, Jr. Hospital	Cytopro Cytocentrifuge	\$ 28,675.00
897	John H. Stroger, Jr. Hospital	Deep Freezer	\$ 8,850.00
897	John H. Stroger, Jr. Hospital	Digital Mammography Unit (2) Units	\$ 902,553.00
897	John H. Stroger, Jr. Hospital	EBUS Ultrasound Processor & Video scope	\$ 221,226.00
897	John H. Stroger, Jr. Hospital	ELVIS EXERA II High Resolution Video	\$ 48,206.00
897	John H. Stroger, Jr. Hospital	Pain Clinic C-ARM and Workstation	\$ 169,881.00
897	John H. Stroger, Jr. Hospital	Portable Digital X-Ray Unit (6 Units)	\$ 1,191,000.00
897	John H. Stroger, Jr. Hospital	Ultrasound Unit	\$ 146,000.00
897	John H. Stroger, Jr. Hospital	Dual Headed Gamma Camera With Spect (2Units)	\$ 1,246,000.00
897	John H. Stroger, Jr. Hospital	Ultrasound Machine	\$ 84,685.00
897	John H. Stroger, Jr. Hospital	Walk in refrigerator	\$ 172,000.00
897	John H. Stroger, Jr. Hospital	OB/GYN Video Tower and related accessories	\$ 150,000.00
897	John H. Stroger, Jr. Hospital	Bedside Monitor Interface to EMR for Critical Care	\$ 139,690.00
897	John H. Stroger, Jr. Hospital	OMFS Clinic 3D Dental Imaging System	\$ 160,000.00
897	John H. Stroger, Jr. Hospital	Blood Irradiator X-Ray	\$ 270,000.00
897	John H. Stroger, Jr. Hospital	Portable Ultrasound - Bladder Scan	\$ 35,720.00
897	John H. Stroger, Jr. Hospital	SonoSite Point of Care Ultrasound System	\$ 99,208.00
897	John H. Stroger, Jr. Hospital	Ultrasound Access for Invasive Emergent	\$ 36,700.00
897	John H. Stroger, Jr. Hospital	ICU Central Monitoring Displays	\$ 54,000.00
897	John H. Stroger, Jr. Hospital	Acquisition of New /Updated Thyroid Ultrasound	\$ 30,000.00
897	John H. Stroger, Jr. Hospital	Ultrasound Imaging	\$ 88,800.00
897	John H. Stroger, Jr. Hospital	Ultrasound Imaging	\$ 60,000.00
897	John H. Stroger, Jr. Hospital	ALOKA Endoscopic Ultrasound System	\$ 185,250.00
897	John H. Stroger, Jr. Hospital	Digital Ultrasound Portable Unit	\$ 604,000.00
897	John H. Stroger, Jr. Hospital	MAC 5500 Wireless EKG machines	\$ 397,964.00
897	John H. Stroger, Jr. Hospital	Phillips External Fetal Monitor	\$ 480,000.00
897	John H. Stroger, Jr. Hospital	Portable Transport Monitors	\$ 120,000.00
897	John H. Stroger, Jr. Hospital	Linear Accelerator	\$ 4,269,472.00
897	John H. Stroger, Jr. Hospital	System Picture Archive Communication (PACS)	\$ 577,439.10
	John H. Stroger, Jr. Hospital Total		\$ 11,988,669.10
898	Oak Forest Health Center	CT Scanner, Multi-Slice	\$ 1,128,750.00
898	Oak Forest Health Center	System Picture Archive Communication (PACS)	\$ 618,467.58
898	Oak Forest Health Center	Ultrasound, Imaging, Multipurpose (2)	\$ 350,000.00
898	Oak Forest Health Center	X-Ray Unit, Mammography, Digital	\$ 390,000.00
898	Oak Forest Health Center	X-Ray Unit, Chest, Digital	\$ 450,000.00
898	Oak Forest Health Center	X-Ray Unit, Rad/Fluoro, Digital	\$ 550,000.00
898	Oak Forest Health Center	X-Ray Unit, General Radiography, Digital	\$ 900,000.00
898	Oak Forest Health Center	1.5 Tomega HP Magnetic Resonance System BASE	\$ 1,966,933.00
898	Oak Forest Health Center	Prefabricated Building Costs	\$ 505,460.00
898	Oak Forest Health Center	Steris System	\$ 300,000.00
	Oak Forest Health Center Total		\$ 7,159,610.58
	Grand Total Lease		\$ 27,380,534.00

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
November 16, 2012

ATTACHMENT #4

FY2013 BUDGET**APPROVED AMENDMENTS**

Amendment Number	Explanation of Amendment	From Account	To Account	Sponsors
1	Funding for activities dedicated to violence prevention, intervention and reduction programs	891-410 Account (\$20,010) 896-260 Account (\$1,800,000) 897-422 Account (\$165,844) 898-422 Account (\$14,146)	499-298 Account \$2,000,000	Fritchey, Reyes, Butler, Daley, Garcia, Sims, Steele, Gorman, Murphy, Schneider, Silvestri, Tobolski
4	Reductions in the usage and cost of electricity	897-410 Account (\$284,048) 898-410 Account (\$32,915)	Savings of \$316,963	Butler, Daley, Garcia, Sims, Steele
7	County-wide Technical Amendment restores one position	898-109 Account (\$1)	898-110 Account \$1	
10	Restores indirect costs associated with the TB Sanitarium District that were inadvertently omitted	564-883 Account \$0	564-883 Account \$400,000	Butler, Daley, Garcia, Sims, Steele
15	Amends Budget Resolution to allow any proposed 2013 COLA to include Grade 24s and Grade 24 equivalents			Sims, Steele, Suffredin, Collins, Murphy
16-S	Deletes position for Commissioners and adds position to CCHHS	018-110 Account (\$89,999)	897-110 Account \$89,999	Fritchey

Dep/Act	Description	From	To	Difference	Impersonal Total:	Impersonal Total:
499-220	Communication Services -	\$13,493,008	\$12,109,971	-\$1,383,037		
897-410	Electricity - (540050)	\$4,369,683	\$4,085,635	-\$284,048	\$1,107,528	\$1,074,613
898-410	Electricity - (540050)					
					\$18,970,219	\$17,270,219
						\$-1,700,000

BUDGETARY UNIT: 897-John H. Stroger, Jr. Hospital; 898-Oak Forest Health Center; 499-Fixed Charges-Public Safety Forest Health Center due to capital investments and enactment of best practices.

Services. Additional expenditure reductions in the usage and cost of electricity at John H. Stroger, Jr. Hospital and the Oak services. Expenditure reductions attributed to identified vendor savings with AT&T by negotiating better than expected rate discounts for expenses. Additionally expected to negotiate better than expected rate discounts for

EXPLANATION OF AMENDMENT:

IMPACT OF AMENDMENT:

\$ (1,700,000)

N/A

SOURCE OF FUNDING:

SUBSTITUTE:

DEFERRED:

NO SECOND:

WITHDRAWN:

DENIED:

APPROVED:

X

Commissioner Buley, Commissioner Daley, Commissioner Steele

Garcia, Commissioner Sims, Commissioner Steele

SPONSORS:

BUDGETARY UNIT: Various Departments

County-Wide Technical Amendment

EXPLANATION OF AMENDMENT:

IMPACT OF AMENDMENT:

APPROVED: X
DENIED: _____
WITHDRAWN: _____
NO SECOND: _____
DEFERRED: _____
SUBSTITUTED: _____

FY2013 Amendment No. 7 Page 90 of 95

BU Code	Job Code	Title	Grade	FTE	Salaries	FTE	Salaries	FTE	Salaries	Recommendation	
										Commissioners	Commissioners
2590889	0638	Investigator I	14	FTE	Salaries	FTE	Salaries	FTE	Salaries	Difference	Difference
2650201	4701	Deputy Director Of Communications And Public Affairs	24	1.0	\$100,000	0.0	\$0	0.0	\$0	-\$100,000	-\$45,906
2650201	4702	Deputy Director Of Communications And Public Affairs	23	0.0	\$0	1.0	\$100,000	\$100.000	\$100,000	\$100,000	\$45,906
3900644	0047	Communication Assistant II	14	0.0	\$0	1.0	\$44,589	\$44,589	\$44,589	\$44,589	\$44,589
3900644	0048	Administrative Assistant III	16	0.0	\$0	1.0	\$46,837	\$46,837	\$46,837	\$46,837	\$46,837
3900644	0049	Administrative Assistant II	14	0.0	\$0	1.0	\$44,589	\$44,589	\$44,589	\$44,589	\$44,589
2650201	4709	Deputy Director Of Communications And Public Affairs	23	0.0	\$0	1.0	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
3900644	0907	Clerk V	16	0.0	\$0	1.0	\$46,837	\$46,837	\$46,837	\$46,837	\$46,837
3900644	0908	Administrative Assistant III	16	0.0	\$0	1.0	\$46,837	\$46,837	\$46,837	\$46,837	\$46,837
5001387	0935	Stenographer IV	11	5.0	\$196,787	4.0	\$156,763	\$155,125	\$115,101	-\$40,024	-\$86,285
5001387	0051	Administrative Assistant V	20	1.0	\$86,285	0.0	\$0	\$0	\$0	\$0	-\$86,285
8980075	2317	Carpenter	X	4.0	\$339,204	4.0	\$339,205	\$339,205	\$339,205	\$1	\$33,440
011-110	011-109	Turnover Adjustment -			\$0						
082-190	082-189	Travel Expenses for Professional Seminars - (508300)			\$8,235		\$0				
082-260	082-259	General and Consulting Materials - (531880)			\$7,500		\$5,000				
089-350	089-349	Equipment - (550060)			\$7,500		\$0				
089-350	089-349	Office Supplies - (530600)			\$0		\$0				
089-350	089-349	Employee Expenses - (501770)			\$0		\$0				
089-350	089-349	Commissions - (520830)			\$0		\$0				
089-350	089-349	Cook County Board of Commissioners - (521220)			\$0		\$0				
160-110	160-109	Turnover Adjustment -			\$0						
161-444	161-443	Salaries and Wages of Regular Employees - (501010)			\$0						
161-444	161-443	Maintenance and Repair of Equipment -			\$9,000		\$17,500				
161-444	161-443	Automotive Equipment -			\$10,000		\$18,500				
161-444	161-443	Turnover Adjustment -			\$0						
160-110	160-109	Salaries and Wages of Regular Employees - (501030)			\$3,126,814		\$3,126,815				
160-110	160-109	Salaries and Wages of Regular Employees - (501030)			\$3,126,815		\$1				
259-110	259-109	Turnover Adjustment -			\$0						
259-110	259-109	Salaries and Wages of Regular Employees - (501030)			\$6,975,607		\$6,978,109				
259-110	259-109	Salaries and Wages of Regular Employees - (501010)			\$946,742		\$2,502				
390-110	390-109	Turnover Adjustment -			\$935,364						
390-110	390-109	Salaries and Wages of Regular Employees - (501010)			\$11,378						

Dep/Act	Description	From	To	Difference
390-169	Reclassification of Position	\$31,024	\$19,646	-\$11,378
490-220	Adjustments - (501490) Communication Services -	\$2,667,537	\$2,650,537	-\$17,000
500-110	Salaries and Wages of Regular Employees - (50110)	\$4,975,931	\$4,889,646	-\$86,285
898-109	Turnover Adjustment -	\$0	-\$1	-\$1
898-110	Salaries and Wages of Regular Employees - (50110)	\$6,815,675	\$6,815,676	\$1
	Employees - (501010)			
	Impersonal Total:		\$28,113,857	\$0

COMMENTS:

Rename business unit 0110501 from Digital Graphics Unit to Printing & Graphic Services.

Dep/Act	Description	From	To	Difference	Impersonal Total:	Impersonal Total:
564-883	Cook County Administration - (580260)	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000

BUDGETARY UNIT: 564-TB Sanitarium District
 Allocate expenditures for the Cook County Administration account for charges for indirect costs that go to the General Fund.
 These expenditures were inadvertently omitted from the President's Recommendation.

EXPLANATION OF AMENDMENT:

IMPACT OF AMENDMENT: \$400,000

SOURCE OF FUNDING: TB Sanitarium District Special Purpose Fund Revenue

SUBSTITUTED:

 DEFERRED:

 NO SECOND:

 WITHDRAWN:

 DENIED:

 APPROVED:

 X

SPONSORS: Garcia, Commissioner Butler, Commissioner Daley, Commissioner Steele
 Garcia, Commissioner Sims, Commissioner Steele

BU Code	Job Code	Job Title	Grade	FTE	Salaries	FTE	Salaries	Difference
0181440	5531	Special Assistant For Legal Affairs	24	1.0	\$90,001	0.0	\$2	-\$89,999
8970280	1942	Clinical Nurse II	FB	0.0	\$0	1.0	\$89,999	\$89,999
018-110		Salaries and Wages of Regular Employees - (501010)			\$816,133		\$726,134	\$-89,999
897-110		Salaries and Wages of Regular Employees - (501010)			\$313,179,685		\$313,269,684	\$89,999
		Employees - (501010)						
		Impersonal Total:			\$313,995,818		\$313,995,818	\$0
		Employees - (501010)						

BUDGETARY UNIT: 018-Secretary to the Board of Commissioners and 081-097 Board of Commissioners
 Delete position that was provided for the assistance to Commissioners in the performance of their official duties. These funds will be proportionally allocated to the Commissioners for assistance in the operation of their offices.

EXPLANATION OF AMENDMENT:

IMPACT OF AMENDMENT: \$0

SOURCE OF FUNDING: N/A

APPROVED: DENIED: _____
 WITHDRAWN: _____
 NO SECOND: _____
 DEFERRED: _____
 SUBSTITUTED: _____

SPONSORS: Commissioner Fritchey
FY2013 Amendment No. 16-S